

<b>Case Number:</b>	CM15-0065911		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/13/2007
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a year old male, who sustained an industrial injury on September 13, 2007, incurring, neck, shoulder and lower back injuries from repetitive activities. Treatments included shoulder surgery, medications, physical therapy, injections, ice, heat and rest. He was diagnosed with cervical disc displacement and radiculopathy, lumbar disc displacement and radiculopathy, right shoulder rotator cuff syndrome and sciatica. Currently, the injured worker complained of constant low back pain, right shoulder and neck pain. The treatment plan that was requested for authorization included acupuncture to the cervical spine and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Acupuncture 2 x 3 Cervical Spine, Lumbar Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The Acupuncture Medical Treatment guidelines recommend acupuncture for chronic pain. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to

3 times a week over 1 to 2 months to produce functional improvement. The patient complained of constant low back pain, right shoulder pain, and neck pain. There was no evidence of prior acupuncture treatments in the past. Based on the medical records, a current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. The provider's request for 6 acupuncture sessions is consistent with the evidence guidelines for an initial acupuncture trial. Therefore, the provider's request is medically necessary at this time.