

<b>Case Number:</b>	CM15-0072649		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: 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 (IW) is a 69 year old female who sustained an industrial injury on 03/25/2011. She reported neck and shoulder pain. The injured worker was diagnosed as having chronic neck pain situation post left shoulder carpal tunnel release; situation post left shoulder arthroscopy with distal clavicle resection and rotator cuff repair; bilateral hand surgery x 5; bilateral shoulder rotator cuff repair and distal clavicle resection; cervical disc with radiculitis; degeneration of cervical disc; occipital neuralgia; cervicgia; and hand pain. Treatment to date has included cervical spine medial branch block, medial branch radiofrequency ablation which gave 20-30% improvement in the neck pain, self-directed home exercise program, acupuncture, radiofrequency ablation of cervical median branch's or cervical facets, chiropractic care, cervical epidural steroid injections, trigger point injections to the upper back, and narcotic pain relievers. Currently, the injured worker complains of pain at the base of the neck with radiation to the occiput as well as the bilateral upper extremities in a radicular distribution until elbows with tingling in the fingertips mainly the last three digits on the right and left ulnar distribution. The workers appointment on 04/02/2015 is for follow-up. She states her pain has flared up from simple flipping papers and reading today, and she required Norco to be able to make it to her appointment. She states the Norco is the only medication that reduces her pain and allows her to remain functional. She has bilateral upper arm weakness and bilateral hand pain. Her Norco was denied, and she requests an appeal of the Norco. She also has had acupuncture in the past and is requesting an additional 6 sessions of Acupuncture to the neck.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture; Additional 6 sessions to the Neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

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

**Decision rationale:** The acupuncture guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments, also state extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. The patient underwent an unknown number of prior acupuncture sessions which although were reported as beneficial in function improvement, "supported by the functional improvement questionnaire attached", no functional questionnaires were included in the records reviewed. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, or activities of daily living improvement, the additional acupuncture does not meet the guidelines criteria for medical necessity.