

<b>Case Number:</b>	CM15-0074751		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	03/17/2007
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 49 year old female, who sustained an industrial injury on 03/07/2007. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies (including 12 sessions acupuncture), x-rays, MRIs, electrodiagnostic testing, right shoulder surgery, and injections. Currently, the injured worker complains of neck and right shoulder pain rated 5-6/10 in severity. The injured worker had undergone 12 sessions of acupuncture for the neck and right shoulder from 12/22/2014 through 02/26/2015 with reported good pain relief. Per the progress report dated 01/20/2015, the injured worker rated the severity of her pain as 4-7/10. The diagnoses include cervical spine disc rupture, thoracic spine disc bulge, and right shoulder calcified tendonitis. The request for authorization included 12 additional acupuncture sessions for the cervical spine and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 acupuncture sessions for the cervical spine and right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Objective findings remain the same pre and post treatment. Therefore, further acupuncture is not medically necessary.