

<b>Case Number:</b>	CM15-0077211		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	03/31/2008
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 63 year old male, who sustained an industrial injury on March 31, 2008. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having status posttraumatic fall, cervical degenerative disc disease, cervicogenic headache, shoulder sprain/strain, and lumbar degenerative disc disease. Diagnostic studies were not included in the provided medical records. Treatment to date has included psychotherapy, home exercise program, transcutaneous electrical nerve stimulation (TENS), acupuncture, a heating pad, trigger point injections on February 3, 2015, and medications including anti-vertigo, opioid, anti-epilepsy, migraine, antidepressant, and topical compound. On March 26, 2015, the injured worker complains of chronic low back and right shoulder pain. He has a decreased right grip and shoulder atrophy. He reports the acupuncture and the topical compound medication helps his pain. He is using the heating pad a lot. The physical exam revealed decreased cervical, shoulder, and lumbar range of motion and paraspinal muscles spasms. The treatment plan includes 6 sessions of acupuncture 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:

**Acupuncture 1x wk x 6 wks on the cervical right shoulder:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. Patient reported good response to acupuncture; however, there is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 1X6 acupuncture treatments are not medically necessary.