

<b>Case Number:</b>	CM15-0078970		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	12/08/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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:

This 44 year old female sustained an industrial injury to the neck, back and shoulder on 12/8/14. Magnetic resonance imaging right shoulder (4/20/15) showed subacromial and subsequent deltoid bursitis with supraspinatus and infraspinatus tendinosis and mild osteoarthritis. Magnetic resonance imaging lumbar spine (4/20/15) showed disc desiccation, annular fissure at L4-5 and broad based disc herniations. Documentation did not disclose prior treatment. No PR-2 was submitted for review. Per the request for authorization dated 4/6/15, current diagnoses included cervical spine myospasm, cervical spine radiculopathy, cervical spine sprain/strain, lumbar spine myospasm, lumbar spine sprain/strain, rule out lumbar disc protrusion, right shoulder impingement syndrome, right shoulder pain and sprain/strain. The physician was requesting a transcutaneous electrical nerve stimulator unit to assist with the injured worker activities of daily living at home, acupuncture twice a week for four weeks, a pain medicine consultation, physical therapy twice a week for four weeks and range of motion testing once a month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 4 for the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Acupuncture Medical Treatment 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. There was no evidence that the patient had prior acupuncture session. The patient was authorized 4 of the 8 requested acupuncture session, which was consistent with the evidence based guidelines. There was no evidence of functional improvement from the 4 authorized sessions. Additional acupuncture beyond the initial acupuncture sessions are recommended with documentation of functional improvement. Therefore, the provider's request for 8 acupuncture session for the cervical spine is not medically necessary at this time.