

<b>Case Number:</b>	CM15-0095969		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	08/19/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 42 year old female, who sustained an industrial injury on 08/19/2014 when she was involved in a motor vehicle accident. She reported bilateral shoulder pain, neck pain and lower back pain. She was diagnosed with musculoligamentous sprain/strain, thoracic musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain and bilateral shoulder periscapular sprain strain, left side greater than right and left shoulder impingement syndrome. According to a progress report dated 04/01/2015, the injured worker had completed acupuncture with some improvement. However, she complained of a flare-up of lumbar spine pain, neck pain, radiating pain into the left hand and left shoulder pain with decreased range of motion. Diagnoses included cervical spine sprain/strain, lumbar spine sprain/strain and shoulder periscapular strain/impingement. Treatment plan included continuance of home exercise program, follow up in 4-6 weeks, acupuncture and Anaprox, Ultram ER and Fexmid. Currently under review is the request for additional acupuncture 2 x 3 for the cervical spine, lumbar spine and bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture 2x3 for the cervical spine, lumbar spine, and bilateral shoulders:**  
Upheld

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

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

**Decision rationale:** The 5/7/15 UR determination denying the request for additional Acupuncture, 6 sessions for treatment of the cervical spine, lumbar spine and bilateral shoulders cited the CAMTUS Acupuncture Treatment Guidelines. The patient was reported to have reported some improvement with prior care, 6 Acupuncture sessions but clinical evidence of functional improvement was not provided as required by CAMTUS Acupuncture Treatment Guidelines. The reviewed medical records did not supply the medical necessity for continued Acupuncture care, 6 sessions or comply with the prerequisites for additional care that being objective clinical evidence of functional improvement. The request is not medically necessary.