

<b>Case Number:</b>	CM13-0018830		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/02/2008
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 case involves a 41 year old female who has worked for a transcription company for 12 years. She apparently has had two work-related claims, the first one being 08-24-06 and the second on 05-02-08, which had to do with symptoms in the neck, back, and shoulders. She received a right carpal tunnel release in 2007 and a left carpal tunnel release in 2010. She has been seen by a psychiatrist, [REDACTED], and diagnosed with Depressive Disorder Not Otherwise Specified. She has been treated with various psychiatric medications including Elavil, Viibryd, clonazepam and Intermezzo. She has received at least 4 acupuncture treatments with good results.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 sessions per week for 4 weeks for the neck and upper extremities:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** This patient has had both pain and anxiety, both of which are noted by the Acupuncture Medical Treatment Guidelines to be effectively treated by acupuncture, especially where pain medication has not been effective. In this case Elavil was not effective for the patient. The Guidelines allow for 1-3 treatments per week for 1-2 months. The requested treatment is within these guidelines. The request for acupuncture 2x4 weeks for the neck and upper extremities is medically necessary and appropriate.