

<b>Case Number:</b>	CM13-0025664		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	07/04/2008
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Physical Medicine and Rehabilitation, Pain Management has a subspecialty in Interventional Spine 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 is a 63 year old, female with a date of injury of 7/4/2008 with s/p revision carpal tunnel release from around June 2013, with prior release in 2011. The treater's note from 9/25/13 lists diagnoses of chronic cervical spine strain, history of fusion; good recovery from median nerve function, following revision right CTR. The current request for additional 8 sessions of acupuncture was denied by █████ Utilization Review (UR) on 9/16/13. The rationale was lack of functional improvement from prior 6 sessions of acupuncture treatments. The patient has had 6 sessions of acupuncture as approved on 8/6/13. According to the 8/29/13 report, the patient's pain is down to 3/10. Reports on 8/20/13, 8/22/13, and 8/27/13 show progressive improvement of VAS pain levels. There are no acupuncture reports for review. After the request was denied, the treating physician note from 9/25/13 states that the patient did very well with acupuncture and has improved function, taking less medication, etc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 4 weeks:** Overturned

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

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

**Decision rationale:** This patient is s/p revision carpal tunnel release from around June 2013. The patient was treated with 6 sessions of acupuncture treatments and the current request is for additional 8 sessions. The treater documents improvement of symptoms and function, and reading the reports, there has been a gradual reduction of pain and pain medication. There does appear to be significant improvement with pain reduction, and functional progress as reported by the treater. MTUS acupuncture guidelines allows for a trial of 3-6 sessions, and with improvement up to 1-2 months of treatments at 1-3 time per week. Recommendation is for authorization of the additional 8 sessions.