

<b>Case Number:</b>	CM13-0028387		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	09/15/1999
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 licensed in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in Louisiana. 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:

The patient is a 53-year-old female with a date of injury of 09/15/2013. According to the progress report dated 11/05/2013, the patient complained of neck pain with tingling into the left shoulder. The patient noted that her pain in the elbow has decreased from 6/10 to 2/10 with acupuncture. Her activity level has increase. Significant objective findings included decrease range of motion in the cervical spine, paracervical muscle tenderness, and positive Spurlings maneuver. There is tenderness over the right lateral epicondyle and medial epicondyle. Motor examination of the upper extremities was normal. The patient was diagnosed with cervical facet syndrome 721.1, lateral epicondylitis 726.32, ulnar neuropathy 726.31, medial epicondylitis 728.85, spasms of muscle, and 2001 anterior cervical fusion C5-C7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**additional six (6) acupuncture sessions:** Overturned

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. Acupuncture may be extended if functional improvement is documented as defined in

section 9792.20(f). The patient reported of decreased pain with acupuncture from a 6/10 to 2/10. She was able to put her elbow on a hard surface without pain as noted in office 8/13/2013. In addition, there was documentation of decrease medications. Her Norco was decreased from #60 to #45. The patient was able to decrease the use of Norco from twice daily to 1-2 times a day as needed per the progress report dated 10/08/2013. Based on the guidelines, the provider's request for 6 additional acupuncture sessions is medically necessary at this time.