

<b>Case Number:</b>	CM13-0030960		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	06/30/2009
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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. The expert reviewer is Board Certified in Acupuncture 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 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/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 57 year old male patient with pain complains of the neck, shoulders and left wrist-hand. Diagnoses included cervicobrachial syndrome, shoulder tenosynovitis, and hand-wrist tenosynovitis. Previous treatments included: cervical epidural steroid injection, oral medication, chiropractic-physical therapy, acupuncture (unknown number of prior sessions, benefits reported as "helps to relieve shoulder complaints") and work modifications amongst others. As the patient continued symptomatic, a request for acupuncture x8 was made on 08-08-13 by the primary treating physician. The requested care was modified on 09-12-13 by the UR reviewer to approve six sessions and non-certifying two sessions. The reviewer rationale was "a short trial of acupuncture is reasonable. Upon conclusion of the trail, further acupuncture will not be considered without documentation of clinically significant functional progression/benefit".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE X8 FOR THE CERVICALSPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The MTUS Acupuncture Guidelines indicate an extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as

either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions, no evidence of sustained, significant, objective functional improvement obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for 8 sessions, a number that exceeds the MTUS Guidelines' recommendations. Therefore, the request is not medically necessary and appropriate.