

<b>Case Number:</b>	CM13-0051995		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/12/2011
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 licensed in Chiropractic and 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:

The injured worker is a 35 year old male who reported Left shoulder pain, neck and back pain from injury sustained on 12/12/11. Patient was injured doing his regular and customary duties, he was drilling a hole on the floor when the drill got stuck and twisted his back. MRI dated 1/30/12 of T/S was unremarkable. Patient was diagnosed with Myofascial Pain syndrome, Cervical Radiculopathy of right C5 and right Carpal tunnel syndrome. Patient has been treated extensively with Chiropractic, medication, Physical Therapy and Acupuncture. Patient was seen for a total of 14 Acupuncture visits. First round of Acupuncture was in 2012 where the patient had mild symptomatic improvement. The second round of 8 Acupuncture sessions, patient had "temporary relief" per notes dated 06/20/13. Treatment dates 4/11/13, pain was 4/10, last treatment dated 7/11/13 pain was 5/10. There was no documentation of decrease in medication intake, increase in ADL or increase in work status with prior Acupuncture care. Patient hasn't had any long term symptomatic or functional relief. Patient continues to have pain and flare-ups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight acupuncture sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** Per the Acupuncture Medical treatment Guidelines, "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". " Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient had prior Acupuncture care with "temporary relief", with no functional improvement. Patient had a total of 14 Acupuncture visits which did not result in any long terms effects. Additionally per Official Disability Guidelines, Carpal Tunnel syndrome (Acute & Chronic) "Not recommended. Rarely used and recent systematic reviews do not recommend acupuncture when compared to Placebo or control. (Gerritsen, 2002) (O'Conner-Cochrane, 2003) (Goodyear-Smith, 2004) The existing evidence is not convincing enough to suggest that acupuncture is an effective therapy for CTS". Per review of evidence and guidelines, 8 Acupuncture treatments are not medically necessary.