MAXIMUS Federal Services

| Case Number: | CM13-0056798 | | |
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| Date Assigned: | 12/30/2013 | Date of Injury: | 06/28/2011 |
| Decision Date: | 04/01/2014 | UR Denial Date: | 10/29/2013 |
| Priority: | Standard | Application Received: | 11/22/2013 |

## 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working least at 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 has a [redacted] and a date of injury 6/28/11 from cumulative trauma through working at a desk for long hours doing computer work. Diagnoses include: herniated nucleolus pulposus cervical spine with stenosis. 2. Herniated nucleolus pulposus lumbar spine with stenosis. 3. Cervical radiculopathy. 4. Lumbar radiculopathy. 5. Bilateral carpal tunnel syndrome with possible ulnar nerve compression at the wrist. 6. Bilateral radial tunnel syndrome.7. Bilateral forearm tendinitis. 8. Trapezius, paracervical, and parascapular strain. Treatment has included, but was not limited to, medications, acupuncture, and therapy. There is a request for acupuncture twice weekly for four (4) weeks, cervical spine QTY: 8.00 Patient is status post 3/13/13 left carpal tunnel release, left ulnar nerve decompression at the wrist, neuroplasty of the left radial sensory nerve in the forearm, neuroplasty of the left posterior interosseous nerve in the forearm, left supinator tenotomy. Electrodiagnostic studies performed on 4/4/12 show bilateral carpal tunnel syndrome and mild left radial sensory neuropathy. A 7/27/13 office visit with the primary treating physician states that the patient notes an increase in tightness in the right side of the neck. She is status post left carpal tunnel release. She is currently in postoperative physical therapy, which is helping decrease her pain in the left wrist. The patient is scheduled for right carpal tunnel release in the near future. She notes that acupuncture is helping decrease her pain as well as improve her activity level. She is able to perform her dally activities with less pain. She does note she is utilizing Terocin cream, which is helping decrease her pain, increase her sleep, decrease oral medication, and increase her function. The patient also notes occasional nausea, which she relates to persistent muscle spasm in the neck. With regard to her present symptoms, she rates her neck and mid back pain at 8/10 on the pain scale. She notes right upper extremity numbness and tingling to the hand. On physical exam the patient is in no

acute distress. Galt is normal and non-ataxic. Palpation of the cervical spine reveals right paraspinal tenderness. Range of motion of the cervical spine is decreased in all planes. There is decreased right C5 and C6 dermatome sensation to pinprick and light touch. Strength exam reveals 5-/5 in the right deltoid and internal and external rotators. There are 5-/5 left wrist extension and wrist flexion. The rest of the exam reveals 5/5 in the upper extremities. An incision over the left elbow and left wrist are well healed without any signs of infection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Acupuncture twice weekly for four (4) weeks, cervical spine QTY: 8.00:** Upheld

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

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

**Decision rationale:** Acupuncture twice weekly for four (4) weeks, cervical spine QTY: 8.00 is not medically necessary per MTUS guidelines. Per the MTUS guidelines the typical time to produce functional improvement for acupuncture is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented . Per the MTUS functional improvement is defined as a clinically significant improvement in activities of daily living or reduction in work restrictions or return to work as measured during the history and physical exam and a reduction on continued medication treatment. Documentaton indicates that the patient has had at least 15 acupuncture sessions. There was no documentaton of sustained functional improvement. There is no specific documentation identifying decreased medication dosages or use. There is no significant decrease in patient's pain from documentation submitted. Acupuncture twice weekly for 4 weeks to the cervical spine is not medically necessary and recommended to be non certified.