

<b>Case Number:</b>	CM13-0069594		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Family Practice, has a subspecialty in Pain Medicine 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 claimant is a 43-year-old female sustained a work related injury on 5/3/12 resulting in bilateral shoulder, elbow and neck pain. An MRI on 11/18/13 showed mild disc bulging at the C5-C6 level and tendinosis of the supraspinatus muscles. An EMG report on 6/5/13 showed no signs of neuropathy. An examination note on 12/9/13 indicated she has 6/10 pain with numbness in both hands. She had a diagnosis of carpal tunnel syndrome and lateral epicondylitis. She had completed physical therapy and 22 prior acupuncture treatments over 6-7 months with a similar range in pain scale and functionality. The treating physician prescribed Ibuprofen and 6 additional acupuncture treatments along with work modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX (6) ADDITIONAL ACUPUNCTURE SESSIONS FOR THIS FOR A TOTAL OF 22 ACUPUNCTURE SESSIONS:** Upheld

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

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

**Decision rationale:** According to the guidelines cited above: (1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical

rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm.

(2) "Acupuncture with electrical stimulation" is the use of electrical current (micro-amperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located

(3) "Chronic pain for purposes of acupuncture" means chronic pain as defined in section 9792.20(c).

(b) Application (1) These guidelines apply to acupuncture or acupuncture with electrical stimulation when referenced in the clinical topic medical treatment guidelines in the series of sections commencing with 9792.23.1 et seq., or in the chronic pain medical treatment guidelines contained in section 9792.24.2

(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:

(1) Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant exceeded the amount and time frame recommended for acupuncture without much improvement after the initial 6 to 10 treatments. The additional acupuncture is not medically necessary.

(2) Frequency: 1 to 3 times per week

(3) Optimum duration: 1 to 2 months

(d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f).

(e) It is beyond the scope of the Acupuncture Medical Treatment Guidelines to state the precautions, limitations, contraindications or adverse events resulting from acupuncture or acupuncture with electrical stimulations. These decisions are left up to the acupuncturist. In this case, the claimant exceeded the amount and time frame recommended for acupuncture without much improvement after the initial 6 to 10 treatments. The additional acupuncture is not medically necessary.