

<b>Case Number:</b>	CM13-0071896		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/19/2011
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 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 61-year-old male patient with pain complains of the neck and left shoulder. The diagnoses included sprain of the neck and carpal tunnel syndrome. The previous treatments included: epidural injection(s), oral medication, physical therapy, acupuncture times six (6) (benefits were described "20% improvement...able to reduce medication due to acupuncture care") and work modifications amongst others. As the patient continued to be symptomatic, a request for additional acupuncture times eight (8) was made on 11-26-13 by the primary treating provider (PTP). The requested care was denied on 12-06-13 by the Utilization Review (UR) reviewer. The reviewer's rationale was "prior acupuncture x6 was rendered without documentation of objective functional improvement other than mentioning that 20% improvement was obtained, without specifics reported".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT (8) SESSIONS OF ACUPUNCTURE:** Upheld

**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 indicate that 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 the six (6) prior acupuncture sessions (reported as beneficial: "20% improvement"), there was no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment). The medical records do not provide support of the rationale and necessity of the additional acupuncture requested. In addition, the request exceeds the guidelines recommendations, and there is no documentation to indicate extraordinary circumstances to support such a request. Therefore, the additional acupuncture times (8) is not supported for medical necessity.