

<b>Case Number:</b>	CM14-0001374		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	02/03/2005
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 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 45 year old female who reported left shoulder, bilateral wrists, neck and low back pain from injury sustained on 2/3/05. The injury was due to cumulative trauma from lifting children and she fell from top step of her school bus and landed on her left side. EMG/NCS were unremarkable. MRI of the right wrist revealed osteoarthritis. MRI of the left wrist revealed increased fluid within joint which may be due to arthritic changes. Patient was diagnosed with chronic regional pain syndrome and causalgia of upper limb. Patient has been treated with extensive medication, trigger point injection, stellate ganglion blocks, botox injection, physical therapy, spinal cord stimulator implantation and acupuncture. Per notes dated 11/20/13, patient continues to exhibit swelling and dystrophic changes with limited tolerance to movement. Per notes dated 12/18/13, increase in low back pain since she turned wrong and pulled a muscle. She continues to have neck and upper extremity pain. She also states that her headaches have persisted and her pain is waking her up at night. Acupuncture progress notes were not included in the medical records for review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x week for 6 weeks for left shoulder and neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation CA MTUS 2009: Clinical Topics: ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114)

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "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 has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Acupuncture progress notes were not provided for review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 2X6 acupuncture treatments are not medically necessary.