

<b>Case Number:</b>	CM14-0002344		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	08/19/2010
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Acupuncture, has a subspecialty in Addiction Detoxification, and is licensed to practice in New York. 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 applicant is a represented female, who has filed a claim for an industrial injury to her neck, and bilateral upper extremities. The diagnosis is pain secondary to thoracic outlet syndrome. Since this incident on 8/9/2013, the applicant underwent care with an orthopedist, physical therapist, acupuncturist, chiropractor, and massage therapist. Throughout the two years, MRI's (magnetic resonance imaging) and X-rays obtained, Electromyography (EMG)/ Nerve conduction velocity (NCV) electrodiagnostic studies conducted, topical and oral anti-inflammatory and pain medication applied, and hot and cold modalities administered. As mentioned just above, she had previous acupuncture treatment. Before 12/26/13, the date of the utilization review determination, the applicant had received acupuncture as a course of treatment without documented results. The claims administrator of this report did not find it reasonable for the applicant to receive additional acupuncture therapy and did not certify such noting the applicant has not shown any functional improvement consistent with measurable goals according to CA MTUS definition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL ACUPUNCTURE TO THORACIC SPINE 2 TIMES PER WEEK FOR 3 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Functional Improvement definition.

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

**Decision rationale:** According to the records submitted for review, evidently, the applicant has had prior acupuncture care without evidence of functional improvement. As noted in the MTUS acupuncture guidelines, treatments may be extended if functional improvement exists and is documented. Due to the lack evidence of functional improvement, the request for additional acupuncture therapy is not medically necessary.