

<b>Case Number:</b>	CM14-0007066		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/24/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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, 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 male employee of a school who has filed a claim for an injury to his cervical spine, right shoulder, bilateral wrists and hands, post-traumatic headaches and post-traumatic stress disorder. The mechanism of the incident is unclear. His date of injury was on 11/24/13. Since then, the applicant's treatments consisted of the following: a psychologist, a sleep disorder poly-sonogram, acupuncture for at least eight visits (possibly twenty-four), an orthopedist, pain/anti-inflammatory/muscle relaxant/ointment medications, and an MRI of the lumbar spine indicating early degeneration disc disease. As of 12/11/13, his doctor requested authorization for twelve acupuncture sessions for his chronic cervical pain, chronic carpal tunnel syndrome, and post-traumatic stress disorder. The applicant complains of constant pain in the neck, lower back and right shoulder too.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ACUPUNCTURE, RIGHT SHOULDER QUANTITY 12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, MTUS, 8, 9

**Decision rationale:** Evidently, the applicant received at least eight, possibly twenty-four acupuncture treatments prior to this request. The California MTUS Acupuncture Medical Treatment Guidelines recommends that the time to produce functional improvement is 3-6 treatments with the frequency of 1-3 times per week for an optimum duration of 1-2 months; this can be extended if functional improvement is documented. Limited documentation of the applicant's response to acupuncture is included in the records, and they lack evidence of functional improvement. As such, the request is not medically necessary.