

<b>Case Number:</b>	CM14-0008759		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	07/22/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 licensed 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:

Clinical Summary: The applicant is a female employee who has filed an industrial claim for psycho-emotional issues since she was held at gunpoint during a robbery at work on 7/22/12. The treating physician initial report dated 9/11/12, reported signs and symptoms relating to depression, anxiety and sleep disturbances subsequent to stress injury. Applicant diagnosed with post-traumatic stress injury. Additionally, at the time of the request for acupuncture care, dated 11/7/13, the applicant complains of neck pain and lumbar pain with radiculopathy to bilateral upper and lower extremities, bilateral shoulder and wrist pain. It is unclear the functional response the requesting physician is looking to obtain. Claimant is work until 12/22/13 and considered temporarily total disabled. Treatment has included chiropractic care, psychologist evaluation and treatment, orthopedic care, and physical therapy sessions, tens unit, pain, sleep, anti-anxiety and anti-inflammatory medication. Diagnostically she obtained an MRI of her cervical spine. In the utilization review report, dated 12/31/13, the UR determination did not approve the twelve sessions of acupuncture requested, but modified this request to six visits stating medical necessity has been established based on currently available information. The modification is in light of the MTUS guidelines regarding time (initial trial of 3-6 visits) to produce functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE QTY: 12.00:** Upheld

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

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

**Decision rationale:** Evaluating Initial acupuncture care is based on MTUS guidelines for acupuncture medical treatment. MTUS recommends an initial trial of 3-6 visits of acupuncture. Additionally, MTUS recommends acupuncture, primarily for musculoskeletal conditions, 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; however, MTUS also recommends acupuncture to promote relaxation in anxious patients. Further acupuncture, beyond an initial trial depends upon "functional improvement", as defined by MTUS. There is no clinical data provided by the treating physician regarding a decrease or intolerance to her medication, recent involvement in physical rehabilitation program or surgical intervention. Therefore, given the MTUS guidelines for acupuncture care detailed above and including the fact the initial trial recommended is quantifiably less than twelve visits, the original request of twelve sessions of acupuncture is not medically necessary.