

<b>Case Number:</b>	CM14-0012587		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 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 49 year old female who reported neck, low back and wrist pain from injury sustained on 10/7/09 due to cumulative trauma. MRI of the cervical spine revealed C5-C6 foraminal stenosis and multilevel degenerative changes. MRI of the lumbar spine revealed multilevel; degenerative disc disease. Electrodiagnostic testing was positive for carpal tunnel syndrome. MRI of the right wrist revealed torn cartilage. Patient was diagnosed with carpal tunnel syndrome; sprain of wrist; brachial neuritis; lumbosacral neuritis; cervical syndrome and myalgia. Patient was treated with cervical spine fusion; carpal tunnel triangular fibrocartilage complex repair and ulnar shortening; medication; trigger point injection and epidural injections. Primary treating physician is requesting initial course of 18 acupuncture sessions. Per notes dated 11/14/13, patient is following up for neck and low back pain. Pain is rated at 5/10. Her pain overall gets better with Norco and rest. She gets severe headaches is current dose of Norco is not working adequately therefore the dosage is increased to 10/325. Per notes dated 12/29/13, patient complains of neck and upper extremity pain. Pain has not improved post surgery. Examination revealed decreased range of motion with pain. There is no assessment in the provided medical records of functional efficacy with care. Additionally, per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 SESSIONS OUTPATIENT ACUPUNCTURE FOR CERVICAL AND RIGHT ARM:**  
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:** 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 hasn't had prior Acupuncture treatment. Acupuncture is used as an option when pain medication is not tolerated or reduced which was not documented in the medical notes. Additionally, per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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 guidelines and review of evidence, 18 Acupuncture visits are not medically necessary.