

<b>Case Number:</b>	CM14-0111266		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 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:

This is a 56 year old female patient with pain complains of bilateral upper extremities. Diagnoses included right carpal tunnel, complex regional pain syndrome (CRPS). Previous treatments included: oral medication, chiropractic-physical therapy, acupuncture times 14 (benefits were not reported) and work modifications amongst others. As the patient presented a recent flare up, a request for additional acupuncture times eight was made on 07-01-14 by the PTP. The requested care was denied on 07-11-14 by the UR reviewer. The reviewer rationale was "there is no documentation of any significant functional benefit following prior extensive acupuncture".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 Acupuncture Visits- Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

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

**Decision rationale:** The current guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work

restrictions and a reduction in the dependency on continued medical treatment." After fourteen prior acupuncture sessions (benefits unreported), the patient continues symptomatic, taking oral medication and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture times 8, number that exceeds the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture times eight is not supported for medical necessity.