

<b>Case Number:</b>	CM14-0139711		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/11/2000
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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, has a subspecialty 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:

The injured worker is a 58 year old female who reported neck, low back and bilateral upper extremity pain from injury sustained on 03/11/00 due to cumulative trauma. X-rays of the left hand dated 05/14/14 revealed no acute injury. X-rays of the left wrist dated 05/14/14 revealed moderate scaphotrapezotrapezoidal (STT) and 1st carpo-metacarpal (CMC) arthrosis. X-rays of the right hand dated 05/14/14 was normal. X-rays of the right wrist dated 05/14/14 revealed mild STT arthrosis. Electrodiagnostic studies of the upper extremity revealed mild carpal tunnel syndrome, chronic denervation in right abductor pollicis brevis and status post carpal tunnel release. Patient is diagnosed with carpal tunnel syndrome, neck pain, lumbar/ lumbosacral disc degeneration, pain in joint, cervical spondylosis without myelopathy and lumbosacral spondylosis. Patient has been treated with carpal tunnel release surgery, medication, therapy and acupuncture. Per medical notes dated 07/08/14, patient reports moderate benefit from last acupuncture treatment. She has had appreciable decrease in neck, mid back and low back pain, acupuncture has helped her standing and work with less pain. She continues to work that is physical in nature and is hoping to continue with acupuncture to help pain more tolerable. Per medical notes dated 07/22/14, patient complains of chronic neck, upper back, low back and bilateral upper extremity pain. She reports acupuncture has been helpful in reducing pain and helping her to continue work with less pain. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment to the cervical and lumbar spine for 6 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back pain, Acupuncture

**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 has had prior acupuncture treatment. Per medical notes dated 07/08/14, patient reports moderate benefit from last acupuncture treatment. She has had appreciable decrease in neck, mid back and low back pain, acupuncture has helped her standing and work with less pain. She continues to work and is hoping to continue with acupuncture to help make pain more tolerable. Provider is requesting additional 6 acupuncture treatments. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Guidelines do not support acupuncture treatment on maintenance basis. Per MTUS guidelines, 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 or decrease in medication intake. Furthermore Official Disability Guidelines do not recommend acupuncture for neck and upper back pain. Per review of evidence and guidelines, 2 times 3 acupuncture treatments are not medically necessary.