

<b>Case Number:</b>	CM14-0157445		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	09/08/2004
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 and Connecticut. 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:

According to the records made available for review, this is a 42 year old patient with a September 8, 2004 date of injury without subsequent loss of work. Patient has diagnoses of neck, upper back, periscapular, shoulders and upper extremities pains associated with repetitive movements. Patient is on a home exercise program. Based on the PR-2s and records in this file, at the time of this request for authorization of acupuncture, X6 there is documentation of main subjective pain complaints of the above. There are objective positive findings including periscapular and thoracocervical tenderness and positive objective findings and positive tests. She continues to take oral medication. As of August 11, 2014, she had reported acupuncture being "helpful" resulting from her six sessions. No information is cited in terms of any reduction in positive objective findings. As of August 11, 2014, it's notes that she remains unchanged since her last exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, quantity six:** Upheld

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

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

**Decision rationale:** Further acupuncture care is not medically necessary. In order to support the medical necessity for acupuncture, based on MTUS guidelines, acupuncture may be warranted in the presence of positive objective findings from the acupuncturist as an initial trial of 3-6 treatments up to 1-2 months with a maximum duration of 14 sessions. Beyond 3-6 treatment sessions, the acupuncturist is obligated to document functional improvement. There is a statement that patient's acupuncture has been "helpful". Absent is information on whether there was any corrective improvement (on her 8/11/14, she remained unchanged objectively), change in vocational status, specific decrease in objective clinical findings, and what time frame there was a duration of relief that was achieved directly from her prior acupuncture. Moreover, no objective barriers have been identified which would have prevented the natural resolution of the work injury after 10 years. MTUS does not address ten year old injuries and patient appears to have plateaued. She has already transitioned to a home therapeutic exercise program. Therefore the request for six sessions of acupuncture is not medically necessary or appropriate.