

<b>Case Number:</b>	CM14-0167134		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain and myofascial pain syndrome reportedly associated with an industrial injury of April 25, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; unspecified amounts of manipulative therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated October 6, 2014, the claims administrator failed to approve a request for six sessions of acupuncture. The applicant's attorney subsequently appealed. In a progress note dated August 14, 2014, the applicant reported persistent complaints of neck pain, wrist pain, and left upper extremity pain. Tramadol was refilled. Acupuncture was sought. The applicant was described as "retired" at age 62. On December 18, 2014, it was stated that the applicant was permanent and stationary. The applicant had received acupuncture at various points throughout 2013 and 2014, including on May 12, 2014 and April 28, 2014. On June 30, 2014, the applicant received therapeutic ultrasound and again received refills of Ultracet and LidoPro lotion. In an earlier note dated January 2, 2014, the applicant was asked to employ Vicodin and a TENS unit for pain relief and continue acupuncture. 8/10 pain was noted at that point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for wrist and neck QTY: 6 sessions: Upheld**

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

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

**Decision rationale:** The request in question does represent a renewal request for acupuncture. As noted in MTUS 9792.24.1.d, however, acupuncture treatment may be extended if there is evidence of functional improvement as defined in Section 9792.20f. In this case, however, the applicant is seemingly off of work. Permanent work restrictions remain in place, unchanged, from visit to visit. The applicant remains dependent on oral and topical agents such as Ultracet, Vicodin, LidoPro, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior acupuncture in 2013 and 2014. Therefore, the request is not medically necessary.