

<b>Case Number:</b>	CM14-0021871		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Services 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 52 year old female who reported neck and bilateral wrist pain from injury sustained on 7/9/13. Mechanism of injury is unknown. There were no diagnostic imaging reports. Patient is diagnosed with cervical spondylosis and radiculopathy; right carpal tunnel syndrome; Dequervain's and right ulnar neuritis. Patient has been treated with medication and acupuncture. Patient was seen for a total of 6 visits. Patient reported symptomatic improvement for the first 6 visits but lack of functional improvement. Per notes dated 2/5/14, patient complains of neck and bilateral wrist pain. She also complains of headaches. She had temporary relief with acupuncture. She continues to have intermittent shooting pain from her neck to her right arm and numbness in her right hand with intermittent pain in her right elbow and hand. Per notes dated 2/20/14, patient complains of right sided neck pain, shoulder pain and right arm pain which is rated at 5-8/10. She has completed acupuncture and had temporary relief of her pain for a day. 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. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL ACUPUNCTURE TWO TIMES A WEEK FOR THREE WEEKS FOR THE CERVICAL SPINE, BILATERAL WRIST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture 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 has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Additional visits may be rendered if the patient has documented objective functional improvement. 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. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.