

<b>Case Number:</b>	CM14-0023734		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/08/2007
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Occupational and Preventative 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 patient is a 51 year old female with a date of injury of 10/8/2007. Most recent progress report on 5/29/2014 (Dr. Razi) indicated 4/10 burning neck pain with medications helping. Medications included Norco, Pantoprazole, and Quazepam. Examination revealed normal gait; cervical range of motion restricted with flexion to 30 degrees; right shoulder range of motion restricted with flexion to 110 degrees; motor exam of biceps right 4/5; and shoulder external rotation 4/5 on the right. Diagnoses were cervicalgia, arthropathy not otherwise specified of the shoulder, myalgia and myositis not otherwise specified, and lateral epicondylitis. The patient was working full time. The request for 8 additional acupuncture sessions was initially certified with modification to 3 additional acupuncture sessions on 1/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL ACUPUNCTURE X8:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines recommend an initial course of acupuncture therapy. The frequency suggested is one to three times per week for an

optimum duration of one to two months. From the treatments, the time frame to produce functional improvement is within three to six treatments. Functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restrictions as measured during the history and physical examination. Acupuncture treatments may be extended if functional improvement is documented as defined above. At this time, acupuncture visits are not indicated. A review of submitted documents noted the patient received a trial of acupuncture visits and certified for an additional 3 visits on 1/27/2014. However, submitted documentation fail to demonstrate any objective functional improvement. The cited guidelines do not warrant continuing with acupuncture care without documented functional improvement. Therefore, the request for 8 additional acupuncture visits is not medically necessary.