

<b>Case Number:</b>	CM14-0023886		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/07/2010
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/30/2014
<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 a licensed Doctor of 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 66 year old female who reported neck, low back, left hip and wrist pain from injury sustained on 9/7/10 due to a slip and fall. Patient is diagnosed with cervicalgia, lumbago and joint-forearm pain. Patient has been treated with medication and acupuncture. Patient was seen for a total of 6 visits. Per notes dated 1/13/14, patient reported relief from acupuncture treatment. She feels it helped give her about 40-50% relief with her multiple complaints. She continues to struggle with pain in her hips, wrist, back and neck. She has tenderness to palpation in the lumbosacral area and through the left buttock. Per notes dated 4/16/14, Patient continues to complain of pain in the left hip. She has gotten relief from acupuncture in the past. She had to discontinue treatment due to surgical procedure complications. However requested visits exceed the quantity of acupuncture visits supported by the cited guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TIMES EIGHT (8) FOR THE LEFT HOP, LEFT WRIST, LOW BACK AND NECK:** 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. Per progress notes patient did receive relief with acupuncture by 40-50 and was able to perform more activities of daily living. Patient's care was interrupted by a surgical procedure which had complications. However requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. Per guidelines 3-6 treatments are sufficient for course of Acupuncture. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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 guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.