

<b>Case Number:</b>	CM14-0037994		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/21/2003
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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, 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 62 year female who reported neck, right hand and wrist pain from injury sustained on 01/21/03. Mechanism of injury is unknown. There were no diagnostic imaging reports. Patient is diagnosed with chronic neck and low back syndrome, cervical spine sprain/strain, lumbar spine sprain/strain, bilateral shoulder sprain/strain, moderate depression and anxiety. Patient has been treated with medication, therapy and acupuncture. Per notes dated 01/13/14, patient reports that acupuncture was denied, but she still did it on her own. She states it helped a little but still is painful and wakes her up at night. Per medical notes dated 01/14/14, patient complains of continuous neck pain which radiates to bilateral shoulders. Pain in the neck is rated at 7/10 and has frequent headaches associated with the pain. Patient complains of continuous bilateral shoulder pain, which radiates to her wrists and hands. Pain is rated at 7/10. She also complains of low back pain with radiation into the right leg and is rated at 8/10. Primary treating physician is requesting additional 12 acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 acupuncture treatments to the right wrist (2x6): Upheld**

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

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

**Decision rationale:** Per MTUS- 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. Furthermore, requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. 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 or decrease in medication intake. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.