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| <b>Case Number:</b>   | CM14-0043937 |                              |            |
| <b>Date Assigned:</b> | 06/13/2014   | <b>Date of Injury:</b>       | 04/06/2009 |
| <b>Decision Date:</b> | 07/16/2014   | <b>UR Denial Date:</b>       | 03/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/04/2014 |

### 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 Acupuncturist 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 44 year old female patient with pain complains of neck, left shoulder and lower back. Diagnoses included neck pain, status post left rotator cuff repair, status post bilateral carpal tunnel release, degeneration of lumbar disc. Previous treatments included: left rotator cuff repair, bilateral carpal tunnel release, trigger point injections, oral medication, physical therapy, massage, acupuncture (sixteen sessions rendered in the past were reported as beneficial), self care and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture, quantity 6 was made on 02-25-14 by the primary treating physician. The requested care was denied on 03-03-14 by the UR reviewer. The UR reviewer rationale was "acupuncture was rendered in the past with limited evidence of objective functional gains from the past treatments therefore if functional improvement is not documented, additional acupuncture will not be supported by the MTUS as medically and necessary."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE SESSIONS FOR THE LUMBAR AND CERVICAL SPINE, ONCE A WEEK FOR 6 WEEKS:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment guidelines state that extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." In this case, although sixteen prior acupuncture sessions rendered were reported as beneficial, no clinically evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the request for additional acupuncture, quantity 6, is not medically necessary and appropriate.