

<b>Case Number:</b>	CM14-0054329		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Physical Medicine and Rehabilitation, 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:

Patient is a 46-year-old female who has submitted a claim for neck sprain, chronic lumbar sprain/strain, chronic bilateral shoulder impingement syndrome, bilateral chondromalacia patella, and bilateral carpal tunnel syndrome associated with an industrial injury date of 1/6/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of neck pain radiating to bilateral shoulders, associated with numbness and tingling sensation. Patient likewise experienced low back pain radiating to the right lower extremity, associated with numbness and tingling sensation. Physical examination of the cervical spine showed restricted range of motion. There was no tenderness. Reflexes and sensation were intact. Examination of the lumbar spine showed tenderness and limited motion. Tinel's sign was positive over both carpal tunnel. MRI of the cervical spine, dated 8/1/2013, demonstrated multi-level central focal disc protrusion with patent neural foramina. Treatment to date has included physical therapy, 8 sessions of acupuncture, and medications. Utilization review from 4/1/2014 denied the request for 8 acupuncture sessions because of no documented functional improvement from previous sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Acupuncture Sessions:** Upheld

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

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

**Decision rationale:** CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient has completed 8 sessions of acupuncture treatment. However, there is no documentation stating the pain reduction, functional improvement or decreased medication-usage associated with the use of acupuncture. Moreover, body part to be treated is not specified. Therefore, the request for 8 acupuncture sessions is not medically necessary.