

<b>Case Number:</b>	CM14-0060079		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/09/2010
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Services, 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 patient is a 39-year-old female with a date of injury of 3/09/2010. According to the progress report dated 5/13/2014, the patient complained of arm pain. With medication the pain was rated at 4-6/10 and without medications it increased to 6-7/10. Significant objective findings include normal range of motions in the bilateral shoulders, positive East test for thoracic outlet syndrome, positive Tinel's at ulnar canal in the right elbow. The patient has limited range of motion in the lumbar spine, positive facet loading, and not gross atrophy. The patient was diagnosed with disturbance of skin sensation, lumbago, thoracic or lumbosacral neuritis or radiculitis, and post surgical arthrodesis status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 4.5, Subchapter 1.

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

**Decision rationale:** The guideline states that acupuncture may be extended if there is documentation of functional improvement. Upon review of the submitted medical records, there was evidence that the patient completed acupuncture in the past. The utilization reviewer stated

that the patient completed 14 acupuncture sessions. There was no documentation of functional improvement from such visits. In addition, there was no reduction in the dependency on continued medical treatment. The request is not medically necessary and appropriate.