

<b>Case Number:</b>	CM14-0063323		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Acupuncture and is licensed to practice in New York. 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 purpose of this review is to consider ten acupuncture sessions. The applicant is a male employee who has filed an industrial claim for an injury to multiple body parts that occurred on 4/27/10. Mechanism of injury is of slip and fall nature off a roof. Currently the patient complains of chronic pain in his neck, back, upper and lower extremities. On 4/02/14, the treating physician requested an additional ten sessions of acupuncture to treat his chronic pain in multiple body parts and to reduce some of his symptoms. The applicant currently complains of ongoing pain in his shoulder with burning extending from his neck across the anterior aspect of his shoulder down into the ring and small fingers. The applicant remains temporarily total disabled. His treatment to date includes, but is not limited to, X-rays, MRI's, acupuncture, chiropractic care, physical therapy, surgical intervention, spinal cord stimulator, home exercise program, oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 4/28/14, the UR determination did not approve the ten sessions of acupuncture in light of "functional improvement", as defined by MTUS. The advisor indicated the applicant received prior acupuncture treatment but the records neglect to indicate functional improvement of the applicant related to such treatments. The advisor tried several times to reach the treating physician to request such documentation to no avail.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 10 visits (6 previous): Upheld**

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

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

**Decision rationale:** Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received acupuncture care prior to this request of six visits and those sessions were approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, the applicant remains on total temporarily disabled status which is such a profound degree of disability that the patient is largely bedbound and unable to perform basic activities of daily living status and off work. This implies a failure of all treatment, including acupuncture. Therefore, these additional ten sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS. Furthermore, if this request had been for an initial trial of acupuncture, MTUS recommends an initial trial of 3-6 visits of acupuncture to produce functional improvement. Therefore, ten visits of acupuncture exceed this number recommended.