

<b>Case Number:</b>	CM14-0195884		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Chiropractor (DC), 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 injured worker is a 54 year old female/male who reported neck, low back, bilateral wrists and shoulder pain from injury sustained on 07/15/09 due to cumulative trauma. MRI of the lumbar spine revealed disc bulges of 3mm at L3-4, 4mm at L4-5 and 5-6mm at L5-S1. Patient is diagnosed with neck sprain/strain, lumbar spine sprain/strain, radial collateral ligament sprain/strain, displacement of cervical intervertebral disc without myelopathy; carpal tunnel syndrome; lesion of ulnar nerve; adhesive capsulitis of shoulder and degenerative joint disease. Patient has been treated with elbow surgery, cubital tunnel release, medication. Per medical notes dated 08/20/14, patient is taking pain medication. His pain level is 5/10 with medication and 7-8/10 without medication. He is not attending therapy. Patient is not working. He complains of bilateral shoulder pain that is constant and limited range of motion. He indicated there is tightness in his neck and low back pain. There is numbness and tingling in bilateral hands. Pain in the low back radiates down into the back of left leg to the knee. His elbow pain is on and off. Provider requested initial trial of 2X4 acupuncture treatments which was non-certified by the utilization review on 10/20/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 Times A Week for 4 Weeks (8-10) Sessions for The Cervical, Lumbar, Bilateral Wrist, and Bilateral Shoulders: Upheld**

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 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 not had prior Acupuncture treatment. Provider requested initial trial of 2X4 acupuncture treatments which was non-certified by the utilization reviewer. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. Acupuncture is used as an adjunct to physical rehabilitation; according to medical notes dated 08/20/14, patient is not attending therapy. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. 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. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.