

<b>Case Number:</b>	CM14-0206424		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	04/07/2008
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 therapy, 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 47 year old female who reported neck and left shoulder pain from injury sustained on 04/07/08. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with medial epicondylitis, brachial neuritis, cervical disc disorder with myelopathy, shoulder region disorder, sprain/strain of wrist. Patient has been treated with medication, physical therapy, chiropractic and Acupuncture. Per medical notes dated 10/23/14, patient complains of neck pain and headaches radiating to upper extremity with numbness rated at 6-7/10 and 4-5/10 with medication. Patient states that the left shoulder pain is feeling better. Per medical notes dated 11/13/14, patient complains fo seconds and third finger pain that is rated at 5-6/10 and 3-4/10 without medication. Patient complains of neck pain radiating to the right upper extremity that is rated at 6/10 and 3-4/10 with medication. Patient also complains of loss of sleep, anxiety and depression. Patient states that left shoulder and right hand are doing better. Provider requested additional 2X3 acupuncture treatments for left shoulder and cervical spine which were non-certified by the utilization review. 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 6 sessions to the left shoulder and cervical spine 2 times 3:** Upheld

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines pages 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 had prior acupuncture treatment. Provider requested additional 2 times 3 acupuncture treatments for left shoulder and cervical spine which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 2 times 3 acupuncture treatments are not medically necessary.