

<b>Case Number:</b>	CM14-0208157		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 38-year-old man who sustained a work-related injury on May first 2013. Subsequently, the patient developed a chronic neck and wrist pain. According to a progress report dated on September 8, 2014, the patient was complaining of right shoulder pain, right elbow pain and bilateral wrist numbness and pain and intermittent cervical pain. The patient pain was rated 7/10. The patient physical examination demonstrated tenderness with limited cervical right shoulder range of motion. The provider requested authorization for the following therapies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Infrared, Elect Acupuncture 15 Minutes and Capsaicin Patch for the Right Shoulder, Right Elbow, Right Wrist, and Neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

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

**Decision rationale:** According to MTUS guidelines, 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Furthermore, MTUS guidelines state Acupuncture with electrical stimulation "is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site." It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. The injured worker developed chronic neck pain and musculoskeletal disorders. She is a candidate for treatment with acupuncture. However the frequency of the treatment should be reduced from 8 to 3 or less sessions. More sessions will be considered when functional and objective improvement are documented. Therefore, the request for 8 Infrared, Elect Acupuncture 15 Minutes and Capsaicin Patch for the Right Shoulder, Right Elbow, Right Wrist, and Neck is not medically necessary.

**1 NIOSH:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ergonomics and Musculoskeletal Disorders.  
<http://www.cdc.gov/niosh/topics/ergonomics/>

**Decision rationale:** According to ODG guidelines, MTUS guidelines and National Institute for Occupational Safety and Health (NIOSH) guidelines, there is no documentation and indication for the use of NIOSH equations for pain management. Therefore, the request for NIOSH is not medically necessary.