

<b>Case Number:</b>	CM14-0217677		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 57 year old male patient who sustained an industrial injury on 10/29/2014. A primary treating office visit dated 10/29/2014 reported the patient with subjective complaint of neck, lower back, bilateral shoulders, bilateral wrist/hands and left knee pain. He is also with complaint of having urinary incontinence, erectile dysfunction. The plan of care involved: having a head magnetic resonance imaging study done on 10/31/2014 and follow up with psychiatric, pain medicine and orthopedist. Objective findings showed light touch sensation intact except right small tip was diminished. The following diagnoses were applied: cervical spine disc bulges; lumbar spine disc bulges with radiculopathy; possible right shoulder internal derangement probable left shoulder internal derangement; right wrist surgery; left carpal tunnel syndrome; right middle finger surgery 02/03/2014, and other problems unrelated to current problem. The plan of care noted Gabapentin increased and prescribed a topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 6 for the right wrist and cervical spine:** Upheld

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

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

**Decision rationale:** It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care. Provider requested 2X6 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. 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, 2X6 acupuncture treatments are not medically necessary.