

<b>Case Number:</b>	CM14-0047061		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/12/2000
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 and Acupuncturist 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:

This case involves a female injured worker with an injury date of 04/12/2000. A follow-up visit dated 04/23/2012, reported the patient had complaints of extreme pain and pressure bilaterally to hands, arms and upper thoracic spine with noted persistent spasms. She also has intermittent complaint of headaches accompanied by dizziness and decreased vision as well as TMJ and tracheal pain. It was noted that the patient participated in prior acupuncture therapy with "significant improvement". She was diagnosed with pain syndrome, and neck, back and extremity pain. The patient is involved in a pain management program and is prescribed Neurontin, lorazepam, and Celebrex. She participated in aqua therapy and wears a thumb splint. There were 6 noted visits for acupuncture treatment ranging from date 02/14/2006 through 04/06/2006. A request for services dated 03/07/2014 asked for acupuncture therapy once a week for 6 months to the right hand which was denied by Utilization Review on 03/14/2014 as not meeting medical necessity requirements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of acupuncture therapy for the right hand:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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". The patient has had prior acupuncture treatment. A request for services dated 03/07/2014 asking for acupuncture therapy once weekly for 6 months to the right hand was denied by Utilization Review on 03/14/2014 as not meeting medical necessity requirements. 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. Requested visits exceed the quantity supported by cited guidelines. Furthermore, Official Disability Guidelines (ODG) does not recommend acupuncture for hand/wrist and forearm pain. Per review of evidence and guidelines, acupuncture treatments once weekly for 6 months is not medically necessary.