

<b>Case Number:</b>	CM15-0000467		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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 44 year old female who sustained an industrial injury 11-20-12. A review of the medical records reveals the injured worker is undergoing treatment for head pain, cervical, thoracic, and lumbosacral musculoligamentous sprain-strain; S2 Tarlov cyst, bilateral shoulder sprain-strain, bilateral shoulder tendinitis and bursitis, bilateral shoulder impingement syndrome, bilateral elbow lateral-medial epicondylitis, left elbow cubital tunnel syndrome, bilateral wrist carpal tunnel syndrome and de Quervain's tenosynovitis, situational depression, and sleep disturbance due to pain. Medical records (12-14-14) reveal the injured worker complains of headaches, neck and back pain, bilateral shoulder and elbow pain bilateral hand pain, depression, anxiety, and difficulty sleeping. The physical exam (12-14-14) reveals tenderness in the head, cervical and lumbar spine tenderness, tenderness and spasm in the bilateral paraspinal muscles, and tenderness to palpation in the bilateral shoulders, elbows, and wrists, as well as decreases motor strength in the right lower extremity at 4/5. Prior treatment includes chiropractic and at least 34 acupuncture treatments. The treating provider reports the plan of care as bilateral wrist braces, an interferential unit, orthopedic surgeon and psychologist consultations, and 12 acupuncture treatments. Per a report dated 1/16/2014, the claimant states that her pain is reduced with rest, activity modification, cold and ice. She states that she has been receiving acupuncture 2 times per week and the improvement was limited. The original utilization review (12-26-14) non-certified the request for an unknown quantity of acupuncture treatments.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had extensive prior acupuncture of unknown quantity and duration and had limited benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.