

<b>Case Number:</b>	CM15-0004287		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 63 year old male, who sustained an industrial injury, March 25, 2013. The injured workers chief complaint was pain in the upper back, bilateral shoulders, bilateral elbows, and bilateral wrists, worse on the right. The injured worker was diagnosed with lumbago, cervicalgia and disorders of the bursa and tendons in the shoulder region. The injured worker had approximately 8 acupuncture visits form November 13, 2014 to December 18, 2014. The injured worker was taking pain medication, physical therapy, walking, applying ice, Naproxen and Gabapentin. The electromyogram of the upper extremity showed C5-6 radiculopathy. The injured worker had chiropractic therapy which made the pain worse. Tramadol was stopped due to a rash. On December 9, 2014, requested additional acupuncture 1 time a week for 6 weeks, unspecified body part. On December 31, 2014, the UR denied authorization for additional acupuncture 1 time a week for 6 weeks, unspecified body part. The denial was based on the MTUS Acupuncture guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture, once a week QTY: 6:** Upheld

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

**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.(2) "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.(3) "Chronic pain for purposes of acupuncture" means chronic pain as defined in section 9792.20(c).(b) Application(1) These guidelines apply to acupuncture or acupuncture with electrical stimulation when referenced in the clinical topic medical treatment guidelines in the series of sections commencing with 9792.23.1 et seq., or in the chronic pain medical treatment guidelines contained in section 9792.24.2.(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 months.(d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e) (e) It is beyond the scope of the Acupuncture Medical Treatment Guidelines to state the precautions, limitations, contraindications or adverse events resulting from acupuncture or acupuncture with electrical stimulations. These decisions are left up to the acupuncturist. In this case, the patient had approximately 8 acupuncture visits from November 13, 2014 to December 18, 2014 without documentation of pain or functional improvement. Guidelines recommended 3 to 6 sessions of acupuncture. More sessions could be requested if there is documentation of improvement. Therefore, the request of additional Acupuncture is not medically necessary.