

<b>Case Number:</b>	CM15-0008891		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/26/2014
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Family Practice

### 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 male, who sustained an industrial injury on March 26, 2014. He has reported driving a truck when he lost control and the trailer he was pulling unhooked from the truck and both the trailer and the tuck hit the center divider. At the time of injury, the worker was reporting pain and weakness at the neck, right shoulder and arm pain along with numbness at the left shoulder, elbow and fingers. Symptoms were reported to be worse at night. The diagnoses have included myofascial sprain cervical spine, myofascial sprain lumbar spine, left shoulder ligamentous sprain, left elbow ligamentous sprain and multiple cervical spine disc protrusion. Treatment to date has included physical therapy, acupuncture therapy, pain medications, and routing monitoring. Currently, the IW complains of continued pain in the right shoulder, elbow and fingers. Exam revealed good range of motion in the shoulders, elbows and wrists with normal muscle strength. Sensation was decreased to light touch and pinprick at the fifth left finger. On December 18, 2014, the Utilization Review decision non-certified a request for 12-acupuncture treatment, noting the worker had completed 18-acupuncture treatment s and the documentation did not contain the results of those visits. The MTUS, Chronic Pain Treatment Guidelines and the ODG were cited. On June 6, 2015, the injured worker submitted an application for IMR for review of acupuncture two times per week for six weeks and a pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Acupuncture 2 Times A Week for 6 Weeks:** Upheld

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

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

**Decision rationale:** According to guidelines, Acupuncture is used as an option when pain medications is reduced or not tolerated. According to medical records, there is no documentation as to why acupuncture is needed and thus is not medically necessary.

**Pain Management Consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain management programs Page(s): 31-32.

**Decision rationale:** According to guidelines, it states outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. According to the medical records these criteria have not been met and thus is not medically necessary.