

<b>Case Number:</b>	CM15-0133458		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	09/23/1999
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: 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 54-year-old female, who sustained an industrial injury on 9/23/1999. Diagnoses have included bilateral carpal tunnel syndrome, right ulnar neuritis, cervical radiculopathy, right middle finger flexor tenosynovitis and chronic left lateral epicondylitis. Treatment to date has included a transcutaneous electrical nerve stimulation (TENS) unit and topical Lidoderm patches. According to the progress report dated 5/19/2015, the injured worker complained of an acute exacerbation of her neck pain radiating to her upper extremities with elbow pain and pain, numbness and tingling in her hands and wrists. She was currently working and finding it difficult. Exam of the cervical spine revealed tenderness. Exam of the bilateral hands and wrists revealed decreased sensation to pinprick over the volar aspect of the thumb, index and middle finger. There was positive Phalen's test bilaterally. Exam of the left elbow revealed tenderness. Authorization was requested for acupuncture for the cervical spine and bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the bilateral arms and cervical spine, quantity: 12 sessions: Upheld**

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

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

**Decision rationale:** The guidelines indicate that the number of acupuncture sessions to produce functional improvement is 3-6 treatments and also states that extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." The patient already underwent twelve acupuncture sessions in the past without any objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care and documenting the extraordinary circumstances to support a number of sessions exceeding the guidelines (x12), the request for additional acupuncture is not supported for medical necessity.