

<b>Case Number:</b>	CM15-0143842		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	09/30/2010
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 52 year old female, who sustained an industrial injury on 9-30-10. She has reported initial complaints of neck, back, right wrist, and shoulder and hand injuries after a fall. The diagnoses have included cervical radiculitis, cervical strain and sprain, lumbar disc degeneration, chronic pain, lumbar radiculopathy, right shoulder pain, myositis and myalgia rule out Complex regional pain syndrome (CRPS), osteoarthritis, and status post left knee surgery times two. Treatment to date has included medications, aqua therapy, physical therapy, injections, diagnostics, splinting, transcutaneous electrical nerve stimulation (TENS), and other modalities. Currently, as per the physician progress note dated 6-9-15, the injured worker complains of neck pain that radiates down the left upper extremity, low back pain that radiates down the right lower extremity and accompanied by numbness, tingling and weakness. There is upper extremity pain in the right shoulder, bilateral arms, fingers, hands and shoulders and accompanied by numbness, tingling, muscle weakness and buttocks pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the neck, back, and bilateral knees and electromyography (EMG)-nerve conduction velocity studies (NCV) of the upper and lower extremities. The current medications included Thera-gesic cream, Lidocaine jelly and Tylenol with codeine. The physical exam reveals that she uses a cane to ambulate. The lumbar exam reveals spasm, limited range of motion with pain, decreased sensitivity in the right lower extremity (RLE) and positive straight leg raise on the right at 40 degrees for radicular pain. The right upper extremity reveals a wrist splint present, tenderness and decreased range of motion

due to pain. There is also decreased strength, grip strength and hypersensitivity is present in the right upper extremity. The physician requested treatment included Acupuncture.

### **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 Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines states that acupuncture may be extended with documentation of functional improvement. The patient complained of neck, back, right wrist, shoulder, and hand pain. Upon reviewing the submitted documents, there was evidence that the patient has had acupuncture in the past. According to the report dated 6/09/2015, the provider reported that the patient completed prior acupuncture therapy and reports improved pain and functional improvement. The provider reported that the patient had increased strength, increased range of motion, and increase exercise tolerance. There was no objective quantifiable documentation regarding functional improvement. Per the progress report dated 7/30/2014, the patient reported that acupuncture and opioid pain medication was helpful. The relief was reported to be approximately 1.5 hour. There was no documentation of functional improvement from acupuncture therapy except for temporary decreased in pain. The patient does not meet the criteria for additional acupuncture. Therefore, the provider's request for additional acupuncture session is not medically necessary.