

<b>Case Number:</b>	CM15-0144889		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	02/11/1997
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 48 year old female who sustained an industrial injury on 2-11-97. She had complaints of neck and left upper extremity pain. Treatments include: medication, physical therapy, acupuncture, acupressure, spinal cord stimulator and surgery. Progress report dated 6-19-15 reports continued complaints of neck and left upper extremity pain, rated 6 out of 10. She has significant improvement with acupressure over the last 10 years. Pain medication brings the pain level down so she can accomplish daily activities. Diagnoses include: chronic pain syndrome, pain in limb, pain disorder related to psychological factors and reflex sympathetic dystrophy of upper limb. Plan of care includes: office treatment today-psychological screening administered, B12 injection given, continue current regimen with spinal cord stimulator, request acupressure 3 visits per month, continue physical therapy sessions 2 times per week for 3 weeks, begin topamax at night, continue voltaren XR 100 mg and continue morphine sulfate IR 15 mg every other day. Work status was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 acupuncture sessions:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Furthermore Acupuncture is not recommended for maintenance care. Per review of evidence and guidelines, 6acupuncture treatments are not medically necessary.