

<b>Case Number:</b>	CM15-0167913		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	02/01/2007
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Colorado

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 71 year old female, who sustained an industrial injury on 2-01-2007, resulting from cumulative trauma. The injured worker was diagnosed as having carpal tunnel syndrome, cervical spondylosis without myelopathy, pain in joint-upper arm, and pain in joint-hand. Treatment to date has included diagnostics, transcutaneous electrical nerve stimulation unit, and medications. Currently (7-24-2015), the injured worker complains of chronic neck and upper extremity pain. She reported a flare of headaches and was very anxious. She reported that medications helped to reduce her pain but she was having difficulty with authorization. She reported that transcutaneous electrical nerve stimulation unit reduced pain by 30% and she was able to perform home exercised with less pain. Current medications included Protonix, Ketamine cream, Zofran, Docusate, Lidoderm patch, Diclofenac, and Gabapentin. She did not wish to receive any invasive procedures but did desire consultation with a specialist to discuss her options. Her work status was permanent and stationary. The treatment plan included acupuncture for the neck and bilateral upper extremities, 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture with e-stim initial 15, bilateral upper extremities and neck #6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Per the MTUS Guidelines, acupuncture can be an option for pain treatment in the following circumstances: When pain medications are to be reduced or cannot be tolerated when additional therapy is needed in conjunction with physical medicine to aid in functional recovery after surgery. Acupuncture is intended to decrease pain and inflammation, increase blood flow, and range of motion, reduce anxiety, and decrease muscle spasm. Per the Guidelines, the frequency and duration of acupuncture are 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. For the patient of concern, the records indicate she has tried conservative measures and more invasive therapies have been recommended. Patient has deferred invasive procedures, but still has surgical consultation pending to discuss options. Patient currently uses medications, TENS unit, and home exercise program to help with pain, and yet pain levels are not well controlled. Patient has documented limited range of motion of the neck, muscle spasm, and anxiety, all which may be helped by acupuncture. The requested number of acupuncture sessions is the appropriate number of treatments to determine if improvement is made. As patient has tried other conservative measures without relief, and has a home exercise program in place, acupuncture is a reasonable therapy to try per the guidelines above. The request is medically necessary.