

<b>Case Number:</b>	CM15-0168033		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	09/10/2001
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/14/2015
<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: 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 57 year old female, who sustained an industrial-work injury on 9-10-01. She reported initial complaints of neck, shoulder, and upper extremity pain. The injured worker was diagnosed as having neck and bilateral upper extremity trap sprain. Treatment to date has included medication, (52 sessions) of acupuncture, and resumption of work. Currently, the injured worker complains of ongoing neck pain and tightness. It was reported by the injured worker that acupuncture had helped her quite a bit. The tightness was decreasing in intensity and denied shooting pains, numbness, or tingling to the arms as well as any elbow pain at the time. Per the primary physician's progress report (PR-2) on 8-3-15, exam noted positive paraspinal and trapezial muscle tenderness, range of motion to neck is with pain with forward flexion, positive spasm on the right, however decreased from previous. There is tenderness in the lateral epicondylar area. The requested treatments include Acupuncture 2 times a week for 3 weeks (6) for the cervical spine and upper extremities trap.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 3 weeks (6) for the cervical spine and upper extremities trap: Upheld**

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

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read 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." Despite that fifty two prior acupuncture sessions rendered were reported as quite a bit beneficial, no documentation of any sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. Based on the providers reporting, the patient is not presenting a flare up of the condition, or a re- injury. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the guidelines-MTUS. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria for medical necessity.