

<b>Case Number:</b>	CM15-0182151		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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 54 year old male, who sustained an industrial injury on 8-30-10. The injured worker was diagnosed as having chronic neck pain; multilevel degenerative disc disease; spondylosis. Treatment to date has included status post left shoulder arthroscopic decompression Mumford procedure (no date); physical therapy; acupuncture; steroid injections; braces; medications. Currently, the PR-2 notes dated 8-18-15 indicated the injured worker complains of chronic continuous moderate to high severity pain affecting his neck, shoulders, right elbow and both hands with numbness, tingling and weakness. The injured worker reports pain and he again saw the arthritis doctor on a non-industrial basis, and he ordered more blood tests and is potentially starting him on injectable medication pending the results. The provider documents the injured worker "completed his acupuncture 4 months ago focusing on the wrists, elbows and shoulders and states the relief is wearing off and his pain medication is not working as well as it did in the past and he wishes a new set of treatments. He was approved for psychology treatments but the psyche is in {another county} and he cannot drive that distance because of his pain in his arm and hands and need for pain medications and requests a driver." The provider documents "The last 4 acupuncture 4 months ago provided good improvement in joint pain and ability to move his joints and perform his ADL's including: grasping, using the phone, dressing, eating, bathing, driving. Prior treatment the patient states even holding the phone would increase his pain in the elbows and wrists for up to an hour prior to acupuncture and with it he could do such activity with much less difficulty." The injured worker reports good tolerance and fair to good pain relief with combination of Tramadol ER; Relafen, topical Ketoprofen and occasional

Norco for breakthrough pain. Without medications, he reports "it is difficult to dress, move his neck or use the upper limbs. Bracing his wrist is still reported as helpful but the left brace is no longer fitting from wear and tear as it is over 2 years old. He is requesting a new one. He also reports Lunesta is highly effective for insomnia due to pain with the ability to sleep 6 hours with medications compared to 3 without". The provider notes the injured worker is also "diagnosed with non-industrial rheumatoid arthritis in 2012. Multiple EMG studies were performed all positive for severe ulnar neuropathy at the wrists and elbows and bilateral carpal tunnel syndrome." The provider also documents the injured worker is a "status post multiple surgeries including left shoulder arthroscopic Mumford decompression and treatments including multiple steroid injections to the elbow and shoulders with good but temporary relief." The provider also notes "X-rays and MRI of the cervical spine were performed and were remarkable for multilevel degenerative disc disease most severe at C5-6. Post-operative MRI of the shoulder demonstrated AC joint arthritis and rotator cuff tendonitis. [His primary care provider] additionally examined his persistent pain in the wrist and elbow with a diagnosis of TFCC tear of the left wrist and lateral epicondylitis in addition to severe bilateral ulnar neuritis at the elbows and severe bilateral carpal tunnel syndrome." The provider reports the injured worker saw a rheumatologist on 9-14-12 and was given a diagnosis of rheumatoid arthritis (RA) (non-industrial) which was to be treated on a non-industrial basis. Because of the RA diagnosis, his surgical success would be decreased. The provider notes the rheumatologists concluded the injured worker would need future medical care and pain management including medications, TENS unit, potential injections, bracing, psychotherapy, physical therapy, and possibly surgery prompting consultation today. The provider documents the pain is rated at "7-8 out of 10 without medications and 5 out of 10 with medications." The provider's treatment plan includes a request for the injured worker's transportation to another county for his psych treatment and acupuncture since he obtained good relief with this therapy. A Request for Authorization is dated 9-16-15. A Utilization Review letter is dated 8-24-15 and non-certification was for Acupuncture x 6 visits for bilateral upper limbs Utilization Review denied the requested treatment for not meeting the CA MTUS and ACOEM Guidelines stating "The evidence is inconclusive for repeating this procedure beyond the initial short course of therapy." The provider is requesting authorization of Acupuncture x 6 visits for bilateral upper limbs. 4 acupuncture visits were approved on 8/24/2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture x 6 visits for bilateral upper limbs: Upheld**

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture visits with improvement. Four further acupuncture visits

were approved on 8/24/15. However, the provider fails to document objective functional improvement associated with the completion of the four additional certified acupuncture visits. If the visits were never completed, the provider must document that the claimant did not have further visits. Therefore further acupuncture is not medically necessary as requested at this time.