

<b>Case Number:</b>	CM15-0182460		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	05/03/2014
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/18/2015
<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 49 year old male, who sustained an industrial-work injury on 5-3-14. He reported initial complaints of pain in left shoulder, arm, wrist, and neck. The injured worker was diagnosed as having cervical myofascitis, cervical radiculopathy, cervical sprain-strain, rule out cervical disc protrusion, left carpal tunnel syndrome, left de Quervain's disease, left wrist sprain- strain, anxiety, depression, and nervousness. Treatment to date has included medication, acupuncture (24 visits), and diagnostics. Currently, the injured worker complains of constant moderate to 7 out of 10 sharp, throbbing neck pain and stiffness. Relies is from medication and massage. The left wrist has constant severe 9 out of 10 dull sharp pain. There is also depression and anxiety. Meds include Ambien, Xanax, and Norco. Per the primary physician's progress report (PR-2) on 7-28-15, cervical exam notes decreased range of motion, tenderness to palpation of the cervical paravertebral muscles with spasm. The left wrist has positive Phalen's test, decreased range of motion and tenderness to palpation of the dorsal wrist, lateral wrist, and medial wrist and volar wrist. Current plan of care includes continue use of medication. The Request for Authorization requested service to include Acupuncture 2 x 3 for cervical spine and left wrist. The Utilization Review on 8-18-15 denied the request for Acupuncture due to lack of documentation for improvement in function and pain levels with prior acupuncture, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Acupuncture treatment 2007.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 3 for cervical spine and left wrist:** Upheld

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

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

**Decision rationale:** The August 17, 2015 utilization review document denied the request for additional acupuncture, 12 visits to the patient's lower back citing CA MTUS acupuncture treatment guidelines. The patient's medical history of treatment was reflected in progress notes that reflected the prior application of 11 out of 12 certified acupuncture sessions, massages and medications. The reviewed medical records did not identify clinical evidence of functional improvement following the 11 of 12 sessions leading to denial of further application of care. The medical necessity for additional chiropractic care, 12 sessions was not supported by the reviewed medical records or in compliance with CA MTUS acupuncture treatment guidelines.