

<b>Case Number:</b>	CM15-0194831		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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, Montana

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:

This 58 year old female sustained an industrial injury on 5-23-12. Documentation indicated that the injured worker was receiving treatment for carpal tunnel syndrome, subacromial bursitis, elbow tendonitis and myofascial pain. Previous treatment included right wrist surgery, physical therapy, injections and medications. In an office visit dated 8-13-15, the injured worker complained of ongoing stiffness and pain in her neck, rated 7 out of 10 on the visual analog scale, associated with tingling, weakness and cramps. The injured worker reported that she had been unable to tolerate trigger point injections on 6-17-15 which caused her to have nausea necessitating a visit to the Emergency Department for further evaluation. The injured worker reported manual traction provided relief and that Mobic reduced her pain by 60%. Physical exam was remarkable for neck supple to palpation, "mild" tenderness to palpation to the right wrist, "moderate" tenderness to palpation of the extensor pollicis longus and 4 out of 5 bilateral grip strength. The treatment plan included continuing medications (Omeprazole, Analgesic cream, Mobic and Lyrica, a cervical traction unit and referral for acupuncture. On 9-3-15, Utilization Review noncertified a request for twelve acupuncture for cervical myofascial pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 acupuncture therapy sessions for cervical myofascial pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Acupuncture Treatment 2007.

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

**Decision rationale:** Provider requested initial trial of 12 acupuncture sessions for cervical spine which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be certified if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.