

<b>Case Number:</b>	CM15-0206878		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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 injured worker is a 45 year old female who reported an industrial injury on 11-20-2012. Her diagnoses, and or impressions, were noted to include: cervical and lumbosacral musculoligamentous sprain-strain; S2 Tarlov cyst; and bilateral wrist carpal tunnel syndrome with De Quervain's tenosynovitis. No current imaging studies were noted. Her treatments were noted to include: at least 42 acupuncture sessions; chiropractic treatments; and modified work duties. The progress notes of 8-17-2015 reported: increased headaches and neck pain, rated 5 out of 10; decreased mid-upper back pain, rated 6 out of 10; unchanged lower back pain, rated 8 out of 10; decreased right shoulder pain, rated 8 out of 10; and unchanged left shoulder pain, rated 7 out of 10; and increased bilateral elbow pain, rated 7 out of 10; numbness-tingling in the bilateral wrists; and that acupuncture therapy helped to decrease her pain and tenderness, and improved her function and activities of daily living. The objective findings were noted to include: unchanged tenderness and spasms over the cervical para-spinal muscles, that were with positive cervical compression test and restricted range-of-motion; unchanged tenderness and spasms over the thoracic para-spinal muscles that were with restricted range-of-motion; unchanged tenderness and decreased spasms over the lumbar para-spinal muscles that were with positive bilateral straight leg raise test and restricted range-of-motion; unchanged bilateral shoulder tenderness with positive impingement and supraspinatus tests; unchanged, versus increased, right elbow tenderness with positive Mills test; and increased bilateral wrist tenderness with positive Tinel's. The physician's requests for treatment were noted to include acupuncture therapy for the cervical & lumbar spine, and bilateral wrists, 1 x a week for 6 weeks.

The Request for Authorization, dated 8-17-2015, was noted to include acupuncture therapy for the cervical and lumbar spine and bilateral wrists, 1 x a week for 6 weeks. The Utilization Review of 9-29-2015 non-certified the request for acupuncture.

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

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

**Acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Additional acupuncture treatments.

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.