

<b>Case Number:</b>	CM15-0020096		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	12/31/2001
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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 57 year old male, who sustained an industrial injury on 12/31/2001. He has reported subsequent bilateral wrist and back pain and was diagnosed with carpal tunnel syndrome and lumbar post-laminectomy syndrome. Treatment to date has included oral pain medication, acupuncture and cortisone injections. In a progress note dated 01/14/2015, the injured worker complained of right neck, right upper extremity, mid back, low back and bilateral lower extremity pain. Objective physical examination findings were notable for diffuse tenderness to palpation of the bilateral upper extremities. The physician noted that 12 additional sessions of acupuncture would be requested to address a recent flare-up of bilateral upper extremity pain. A request for authorization of 12 sessions of acupuncture for the lumbar spine and bilateral wrists was made. On 01/21/2015, Utilization Review non-certified a request for 12 sessions of acupuncture of the lumbar spine and modified a request for 12 sessions of acupuncture to the bilateral wrists to 6 sessions, noting that the outcome of previous acupuncture visits of the lumbar spine was not noted and that only 6 sessions of acupuncture for the wrists was being approved as the request for 12 visits exceeded guidelines. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for lumbar (2x6) 12 sessions:** Upheld

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

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

**Decision rationale:** Patient has had prior Acupuncture treatment. Provider requested trial of 12 acupuncture sessions for flare-up which were modified to 6 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 acupuncture visits supported by the cited guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered 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.

**Acupuncture for bilateral wrist (2x6) 12 sessions:** Upheld

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

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

**Decision rationale:** Patient has had prior Acupuncture treatment. Provider requested trial of 12 acupuncture sessions for flare-up which were modified to 6 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 acupuncture visits supported by the cited guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered 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.