

<b>Case Number:</b>	CM15-0025423		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	02/20/1999
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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 34 year old female, who sustained an industrial injury on February 20, 1999. She has reported severe pain in the hand, forearm and elbows. The diagnoses have included chronic right upper extremity pain, status post carpal tunnel release and cubital tunnel decompression and possible underlying cervical radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions, pain medications, physical therapy, acupuncture, treatment modalities and work restrictions. Currently, the IW complains of severe pain in the hand, forearm and elbows. The injured worker reported an industrial injury in 1999, resulting in the described pain. She was treated conservatively and surgically without resolution of the pain. On February 17, 2014, evaluation revealed continued severe right upper extremity pain. She reported an improvement in the pain with acupuncture therapy. She reported being able to perform more activities of daily living as well. On November 25, 2014, evaluation revealed a consistent with expectations urine drug screen and continued pain with pain in the low back and lower extremity now noted. Her mood was reported as anxious and depressed. A request for a stimulation unit and further acupuncture therapy was made. On January 17, 2015, Utilization Review non-certified a request for 8 acupuncture visits for pain control, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 2, 2015, the injured worker submitted an application for IMR for review of requested 8 acupuncture visits for pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Acupuncture visits for pain control:** 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 additional 8 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is lack of evidence that prior acupuncture care was of any functional benefit. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in 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. 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, 8 acupuncture treatments are not medically necessary.