

<b>Case Number:</b>	CM15-0028060		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	11/21/2001
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: 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 66 year old female who sustained an industrial related injury on 11/21/01. The injured worker had complaints of right neck, shoulder and arm pain. Diagnoses included spinal stenosis in the cervical region, cervical radiculopathy, and rotator cuff shoulder syndrome. Treatment included acupuncture. Medications included OxyContin, Tramadol, and Voltaren gel. The treating physician requested authorization for an acupuncture referral. On 1/15/15 the request was non-certified. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule guidelines and Official Disability Guidelines. The UR physician noted the injured worker had approximately 40 acupuncture sessions which was over guideline recommendations for treatment. Therefore additional acupuncture treatment was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Referral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture Guidelines

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

**Decision rationale:** The patient underwent over 40 acupuncture sessions during last year, with benefits describe as "symptom control, using less medication" (narcotics). This request is for additional acupuncture. When the acupuncture is not done on a weekly basis, the pain levels get worse and the need for pain medication intake increases (temporary relief).The guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment."For this request, the provider did not described a flare up of the patient's condition, but continuation of care is sought to maintain the symptoms controlled. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the MTUS. Therefore, the additional acupuncture is not supported for medical necessity.