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| <b>Case Number:</b>   | CM15-0035010 |                              |            |
| <b>Date Assigned:</b> | 03/03/2015   | <b>Date of Injury:</b>       | 02/29/2012 |
| <b>Decision Date:</b> | 04/08/2015   | <b>UR Denial Date:</b>       | 02/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/24/2015 |

### 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 54-year-old male, who sustained an industrial injury on 02/29/2012. The diagnoses have included right sided neck pain and right upper extremity pain with right ulnar nerve transposition and exploratory of the right distal biceps tendon. Noted treatments to date have included acupuncture, surgery, physical therapy, and medications. Diagnostics to date have included electromyography on 07/31/2012 which showed evidence of cubital tunnel syndrome. MRI of the cervical spine on 05/13/2013 which showed degenerative disk changes particularly at C5-C6 and C6-C7, small central disk protrusion at C4-C5, right sided foraminal stenosis at C5-C6, and right sided foraminal stenosis at C6-C7 per progress note. In the same progress note dated 01/28/2015, the injured worker presented with complaints of ongoing neck and right upper extremity pain. The treating physician reported the injured worker wants to get back into acupuncture which provided him with significant benefit by decreasing his pain and numbness in his arm and neck. Utilization Review determination on 02/16/2015 non-certified the request for Acupuncture 2x4 additional sessions to the neck and upper extremities citing Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same 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." The patient underwent an unknown number of acupuncture sessions completed over 1 year ago which were reported as temporarily beneficial in reducing symptoms. The patient is not presenting a flare up of the condition, or re-injury, but the care requested seems to be for the pain management of a chronic condition. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the guidelines-MTUS. According to the guidelines, without evidence of any significant, objective functional improvement obtained with previous acupuncture, the reasonableness and medical necessity of the additional acupuncture requested has not been substantiated. In addition the request is for acupuncture x 8, number that exceeds the number of sessions recommended by guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 8 is not supported for medical necessity