

<b>Case Number:</b>	CM15-0087821		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	08/01/2009
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 31 year old female, who sustained an industrial injury on 8/1/09. She reported bilateral upper extremity pain. The injured worker was diagnosed as having bilateral medial and lateral epicondylitis and bilateral ulnar nerve lesions. Treatment to date has included 6 electroacupuncture treatments, infrared therapy, splinting, modified duty, physical therapy, and medications such as Lidoderm patches, Capsaicin, and Tramadol/APAP. A physician's report dated 3/24/15 noted physical examination findings of tenderness to palpation of the posterior cervical paraspinal muscles from C3-6. Mild limitation in cervical rotation was noted. Cervical flexion and extension produced pain. Currently, the injured worker complains of stiffness and tightness in the neck and upper back and pain in bilateral upper extremities. The treating physician requested authorization for 6 additional acupuncture treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional acupuncture treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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. Also 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." Despite the six prior acupuncture sessions, which reported as beneficial in reducing symptoms, the patient continues symptomatic, taking oral medication and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or the reporting of any extraordinary circumstances, the additional acupuncture x 6 does not meet the guidelines criteria for medical necessity.