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| <b>Case Number:</b>   | CM15-0236521 |                              |            |
| <b>Date Assigned:</b> | 12/11/2015   | <b>Date of Injury:</b>       | 06/18/2015 |
| <b>Decision Date:</b> | 01/14/2016   | <b>UR Denial Date:</b>       | 11/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/03/2015 |

### 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: 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 49 year old male, who sustained an industrial injury on 6-18-15. The injured worker is diagnosed with repetitive strain injury, cervical and lumbar spine sprain-strain, myofascial pain syndromes and bilateral carpal and cubital tunnel syndromes. The injured worker is currently working part time; modified duty. A note dated 11-6-15 and 11-19-15 reveals the injured worker presented with complaints of neck and low back pain with a numbness and tingling sensation in her bilateral upper extremities. Physical examinations dated 11-6-15 and 11-19-15 revealed decreased lumbar spine range of motion, myofascial trigger points and the straight leg raise is positive on the left. There is cervical spine tenderness and spasms noted and decreased cervical spine range of motion. The Tinel's and Phalen's signs are positive. Treatment to date has included medications. Diagnostic studies include electrodiagnostic studies. A request for authorization dated 11-6-15 for cervical and lumbar spine e-acupuncture 2 times a week for 3 weeks is non-certified, per Utilization Review letter dated 11-23-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**E-Acupuncture 2x a week for 3 weeks- cervical, lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**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." Based on the provider's report dated 07-23-15, ten acupuncture sessions were rendered in the past with benefits reported as "temporary relief", only. No evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was documented 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 reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture fails to meet the criteria and is not medically necessary.