

<b>Case Number:</b>	CM15-0239900		
<b>Date Assigned:</b>	12/17/2015	<b>Date of Injury:</b>	06/11/1999
<b>Decision Date:</b>	01/21/2016	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 50 year old female, who sustained an industrial injury on June 11, 1999. The injured worker was currently diagnosed as having cervicalgia, myofascial pain syndrome and carpal tunnel syndrome bilaterally. Treatment to date has included diagnostic studies, physical therapy, acupuncture and medications. Currently, the injured worker complained of chronic neck and arm pain. Her current pain level was an 8 on a 1-10 pain scale. Her pain quality was dull, aching and throbbing and her pain symptoms were noted to be unchanged. Notes stated that she was currently doing acupuncture which was helping her pain. Physical examination of the bilateral upper extremities was unremarkable. The treatment plan included continuation of acupuncture two times a week, neck pain evaluation and a follow-up visit. On November 5, 2015, utilization review denied a request for acupuncture two times a week for twelve weeks for bilateral upper extremities.

### 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 12 weeks (3 months) for bilateral upper extremities:**

Upheld

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture states: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 5. Time to produce functional improvement 3-6 treatments; 6. Frequency: 1-3 times per week; 7. Optimum duration is 1-2 months; 8. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 24 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore, the request is in excess of the recommended initial treatment sessions and not certified.