

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0124643 |                              |            |
| <b>Date Assigned:</b> | 08/08/2014   | <b>Date of Injury:</b>       | 07/06/2012 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 07/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/06/2014 |

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 34-year-old female with a 7/6/12 date of injury. A specific mechanism of injury was not described. According to a progress report dated 5/20/14, the patient complained of low back pain rated as 5/10. The patient also complained of right wrist pain rated as 4/10. There was numbness and tingling at the low back and right wrist. Objective findings: limited range of motion of lumbar spine, limited range of motion of right wrist, tenderness over the dorsal and medial wrists. Diagnostic impression: lumbar sprain and strain, right wrist sprain and strain. Treatment to date: medication management, activity modification, physical therapy, acupuncture. A UR decision dated 7/10/14 denied the requests for acupuncture and a functional capacity evaluation (FCE). Regarding acupuncture, the record review revealed that the patient did not benefit from acupuncture previously. Regarding FCE (Functional Capacity Evaluation), no specific job description or position that is available to the claimant was identified in the record review.

### 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 6 weeks for right wrist, lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics Page(s): 1. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page 114

**Decision rationale:** CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. It is noted that the patient has had acupuncture treatment in the past. However, it is unclear how many sessions she has completed. There is no documentation of functional improvement or gains in activities of daily living from the prior acupuncture sessions. There is no documentation of a reduction in work restrictions. Therefore, the request for Acupuncture 2 times a week for 6 weeks for right wrist and lumbar spine was not medically necessary.