

<b>Case Number:</b>	CM14-0126516		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	08/11/1999
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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:

The patient is a represented [REDACTED] employee who has filed a claim for chronic neck pain, mid back pain, and shoulder pain reportedly associated with an industrial injury of August 11, 1999. Thus far, the patient has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; 12 sessions of acupuncture in 2014, per the claims administrator; and trigger point injection therapy. In a Utilization Review Report dated July 23, 2014, the claims administrator partially certified a request for 12 sessions of acupuncture as three sessions of acupuncture. The claims administrator employed the outdated 2007 MTUS Acupuncture Guidelines in its denial, and also cited the now-renumbered MTUS 9792.20e, which it mislabeled as 'ODG 9792.20e.' The patient's attorney subsequently appealed. In a May 15, 2014 Request for Authorization form, 12 sessions of acupuncture were sought. The patient's work status was not stated on either occasion. On February 10, 2014, the patient did receive acupuncture. The patient's work status was not clearly outlined. In a March 3, 2014 progress note, the patient presented with multifocal neck, mid back, and shoulder pain. The patient was not currently employed, it was acknowledged. The patient was using Baclofen, Tegretol, Prilosec, oxycodone, and Desyrel, it was noted. The patient was placed off of work, on total temporary disability, while multiple medications were refilled, including trazodone for insomnia and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 9:** Upheld

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

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

**Decision rationale:** The request does represent a renewal request for acupuncture. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the applicant has had at least 12 prior sessions of acupuncture in 2014 alone. There has, however, been no demonstration of functional improvement to date. The applicant remains off of work. The applicant has apparently been deemed permanently disabled. The applicant remains reliant on a variety of opioid and non-opioid agents, including oxycodone, baclofen, Desyrel, Tegretol, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite prior acupuncture in unspecified amounts over the course of the claim. Therefore, the request for additional acupuncture is not medically necessary.