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| <b>Case Number:</b>   | CM14-0131124 |                              |            |
| <b>Date Assigned:</b> | 08/20/2014   | <b>Date of Injury:</b>       | 04/12/2003 |
| <b>Decision Date:</b> | 10/10/2014   | <b>UR Denial Date:</b>       | 07/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/15/2014 |

### 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 licensed in Chiropractic and Acupuncture 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:

Claimant is a 64 year old male who sustained a work related injury on 4/12/2003. Four sessions were authorized on 7/15/2014. Per a PR-2 dated 5/28/14, the claimant noticed a slight reduction in his need for medication with this short course of treatment. He also has noticed a slight reduction in sensation of pain in the area of injury. In addition, he notices that he is not dropping objects as much following this course of treatment. His upper extremity functional scale dropped from 41 to 37. His diagnoses are bilateral wrist pain, hand pain and neuralgia. Prior treatment includes spinal cord stimulator, oral medication, TENS, topical medication, occupational therapy, biofeedback, and hand surgery. Per a Pr-2 dated 6/10/2014, the claimant has left upper extremity pain. His pain has been rising steadily in his left arm, ulnar, and up to his elbow. His pain is much increased currently and this week is not well controlled. His diagnoses are other testicular hypofunction, cervicgia, cervical spondylosis, pain in hand joint, lesion of ulnar nerve, chronic pain syndrome, and tenosynovitis of elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 24 sessions:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had benefits stated by the acupuncture report. However, the primary provider fails to document anything about acupuncture and states that the claimant's pain is increasing in a report two weeks later. Furthermore, four further sessions were authorized on 7/15/2014. There is no documentation of functional improvement from the completion of the authorized sessions. Lastly, a request for 24 sessions exceeds a medically reasonable request for both initial and follow up visits.