

<b>Case Number:</b>	CM14-0143557		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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:

The injured worker is a 34 year old female who reported neck and bilateral wrist pain from injury sustained on 08/16/13 due to repetitive mousing and typing. EMG of upper extremity is normal. Patient is diagnosed with neck pain and cervicobrachial syndrome. Patient has been treated with medication, chiropractic, physical therapy and acupuncture. Per medical notes dated 07/25/14, she has had appreciable decrease in neck and upper back pain and tightness with acupuncture treatment. She still has occasional tingling down the arms but overall has done well with acupuncture with some improvement in prolonged sitting tolerance. She continues to work full time. She continues to report paraesthesia and tingling radiating into the right and little digits. There is tenderness over the posterior cervical paraspinal muscles and supraclavicular regions of neck. She has tenderness to palpation of the bilateral trapezi and upper thoracic paraspinal muscles. She has relatively preserved range of motion of the cervical spine. Per utilization review appeal dated 08/08/14, she was able to tolerate her work full time with less pain following acupuncture. Currently, the patient has increase in her trapezius pain with prolonged sitting and working. Her physical examination reveals reproducible pain on cervical extension due to myofascial pain and tightness. Provider is requesting additional 6 acupuncture visits. Medical reports reveal evidence of significant changes and improvement in findings, revealing a patient who has achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Acupuncture, neck 2x3, QTY: 6: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation CA Medical Utilization Schedule (MTUS); The American College of Occupational and Environmental Medicine (ACOEM); Occupational Medicine Practice Guidelines Plus, APG 1 Plus, 2010, Chapter Chronic Pain.

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment with objective functional improvement. Per medical notes dated 07/25/14, she has had appreciable decrease in neck and upper back pain and tightness. She has improvement in prolonged sitting tolerance and she is able to work full time. Medical reports reveal evidence of significant changes and improvement in findings, revealing a patient who has achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional 6 acupuncture treatments are medically necessary.