

<b>Case Number:</b>	CM14-0161289		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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, has a subspecialty in Acupuncture and is licensed to practice in New York. 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 40-year-old female who sustained injuries due to occupational overuse. The injured worker reported multiple injuries and was medically diagnosed with neck/back strain, as well as right upper extremity multifocal tendonitis. To date the applicant has treated with traditional medical care and acupuncture. The applicant has undergone multiple test studies, including a nerve conduction test of the upper extremities (unremarkable) and a cervical MRI (remarkable for C4-C5, 3mm disc extrusion and absent lordosis). A request for 6 additional acupuncture sessions was submitted with a primary diagnosis of chronic pain syndrome (338.4). The records made available for review included over 20 acupuncture treatment notes. The treatment notes were difficult to read. The most recent acupuncture note reviewed dated 09/11/14 indicated that the applicant was a little better since last visit; she had almost 3 hours pain free and is not sleeping. An additional medical report reviewed dated 09/08/14, is notable for tenderness in the cervical/thoracic region. It is also noted in the report that the applicant requires ongoing acupuncture to feel better but then goes on to state that the applicant has enduring pain symptoms that interfere with overall functionality. The applicant is now on personal medical leave.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions Quantity: 6:** Upheld

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

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

**Decision rationale:** MTUS 9792.24.1.c notes that time to produce functional improvements is 3-6 treatments. In this case, the applicant has received at least 6 acupuncture treatments and has requested an additional 6 acupuncture treatments, which falls outside the recommended 3-6 visits. MTUS 9792.24.1.d notes that acupuncture may be extended if functional improvement is documented. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history of physical exam. The records indicate that the applicant received at least 6 acupuncture treatments but no supporting functional improvements were reported. Therefore, based on the guidelines and a review of the evidence, the request for 6 acupuncture treatments is not medically necessary on Independent Medical review.