

<b>Case Number:</b>	CM14-0164972		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Acupuncture, has a subspecialty in Addiction Detoxification 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 applicant is a female employee who has filed an industrial claim for neck, bilateral trapezius, shoulders, lumbar spine, and right upper extremity injury that occurred on 1/15/2014. Mechanism of injury is unspecified in records reviewed. Currently the patient complains of frequent, severe pain in the aforementioned areas associated with numbness, and tingling radiating down to her right hand. The treating physician requested nine additional sessions of acupuncture to treat her pain and to reduce some of her symptoms. The applicant is work status is modified with restrictions. The applicant's current diagnoses consist of lumbar strain, right trapezius strain, cervical strain, lateral epicondylitis, and carpal tunnel syndrome. Her treatment to date includes, but is not limited to, chiropractic care, physical therapy, at least six prior acupuncture sessions, EMG/NCV diagnostics, MRI's, home exercise program, and oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 9/25/14, the UR determination did not approve the nine additional sessions of acupuncture based on lack of clinical data indicating "functional improvement" as defined by MTUS in regards to the prior acupuncture treatments. The advisor states there is no "description of functional benefit" of the prior six treatments. Therefore, the advisor recommended for non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture 3x3 for the cervical, lumbar spine, and right upper extremity:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round of acupuncture care of an undisclosed number approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement." After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, the applicant's work status did not change due to this course of treatment. Therefore, these additional nine sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.