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| <b>Case Number:</b>   | CM14-0168013 |                              |            |
| <b>Date Assigned:</b> | 10/15/2014   | <b>Date of Injury:</b>       | 03/01/2002 |
| <b>Decision Date:</b> | 11/18/2014   | <b>UR Denial Date:</b>       | 10/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/13/2014 |

### 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 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:

This is a 35 y/o female patient with pain complains of the neck, shoulders, elbows and wrists. Diagnoses included cervicalgia, myofascial pain, chronic-shoulder-elbow-wrist pain, thoracic outlet syndrome. Previous treatments included: trigger point injections, oral medication, chiropractic-physical therapy, acupuncture (unknown number of sessions, gains documented as improved symptoms/function and helped reduce medication intake) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made by the PTP. The requested care was denied on 10-02-14 by the UR reviewer. The reviewer rationale was "it appears that the patient is not an appropriate candidate for further acupuncture at this time. It is acknowledged that the completed acupuncture reduced her pain and increase function, however the provider stated the patient has already completed 12 sessions of acupuncture."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) acupuncture sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

**Decision rationale:** Available information appears to support that the additional acupuncture care, under the MTUS-AMTG is addressing the patient's medical condition with evidence of objective functional improvement (quantifiable response to treatment) that is essential to establish the reasonableness and necessity of additional care. There is indication that the patient obtained pain reduction, better sleep and medication intake reduction, with previous acupuncture. Therefore, under current guidelines, additional acupuncture is supported as medically and necessary. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments, therefore the request for additional acupuncture x6 is recommended as medically and necessary.