

<b>Case Number:</b>	CM14-0168600		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	04/19/2012
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/12/2014
<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 a licensed Doctor of Chiropractic, has a subspecialty 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:

The patient is a 53-year-old male with a date of injury of 4/19/2014. According to the progress report dated 8/27/2014, the patient complained of constant moderate dull, achy, sharp neck pain, which was aggravated with movement. The pain was rated at 3/10. There was a complaint of bilateral wrist pain, which was described as dull, achy, numbness and tingling associated with gripping and squeezing. There was a complaint of weakness with the left wrist. Significant objective findings include decrease range of motion in the cervical spine, full range of motion in the bilateral wrist, cervical paravertebral muscle tenderness and muscle spasms. Cervical compression and depression test caused pain bilaterally. Phalen's test was positive in the wrist bilaterally. There was tenderness of the lateral and volar wrist bilaterally. The patient was diagnosed with cervical pain, cervical radiculopathy, cervical sprain/strain, bilateral carpal tunnel, bilateral wrist pain, and bilateral wrist sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome

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

**Decision rationale:** The Acupuncture Medical Treatment Guideline recommends acupuncture for chronic pain. It recommends a trial of 3-6 visits with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. The guideline states that acupuncture may be extended if there is documentation of functional improvement. Based on the submitted records, there was no evidence that the patient had a trial of acupuncture, for which the guideline recommends 3-6 visits. However, the provider's request for acupuncture exceeds the guidelines recommendation; therefore, the provider's request for 8 acupuncture sessions is not medically necessary.