

<b>Case Number:</b>	CM14-0028112		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/31/1994
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 52-year-old African-American woman, with medical history of hypertension, who sustained a work-related injury on October 31, 1994. Subsequently, she developed bilateral hands pain. According to a progress report dated January 29, 2014, the patient pain severity was rated 7/10 with daily spasm and was improved with Lidoderm patch and acupuncture. The patient reported to have numbness and tingling in the bilateral wrists, which radiate to the bilateral elbows. The patient discontinued Gabapentin because of drowsiness. Her physical examination revealed a normal range of motion of the bilateral wrists and hands with some right wrist discomfort. The patient has been using acupuncture on an ongoing basis. According to a follow-up report dated May 5, 2014, the patient has been approved for 12 sessions of acupuncture as well as thumb splints, carpal tunnel brace, soft braces, and Lidoderm patches. The patient has persistent pain at the base of the thumb and more so on the right and the whole hand than the left. She still has numbness and tingling as well as weakness. Her physical examination revealed persistent pain along the base of the thumb, first extensor, and CMC joint. The patient was diagnosed with bilateral carpal tunnel syndrome, right greater than left and cubital tunnel syndrome, left greater than right. The provider requested authorization for acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2X PER MONTH FOR 6 MONTHS FOR BILATERAL WRISTS AND HANDS QTY:12:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Furthermore and according to MTUS guidelines, Acupuncture with electrical stimulation is the use of electrical current (micro amperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites>. In this case, the patient has been using acupuncture on an ongoing basis with no clear evidence of lasting benefit from the previous acupuncture sessions. There is no clear documentation of pain and functional improvement with previous acupuncture sessions. Therefore, the prescription of acupuncture is not medically necessary.