

<b>Case Number:</b>	CM14-0097446		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/24/2003
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 New York and Connecticut. 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:

According to the records made available for review, this is a 62 year old patient with a 7/24/03 date of injury. Patient has a diagnosis of bilateral wrist pain, cervical/thoracic pain and lumbar pain. Her right wrist pain is more remarkable compared to her left wrist. Positive orthopedic findings were cited. Diagnoses are status post bilateral carpal tunnel releases, status post lumbar fusion and lumbar sprain/strain with radicular complaints. Based on the PR-2s and records in this file, at the time of this request for authorization of acupuncture, X8 there is documentation of main subjective pain complaints of the wrists and lower back as a result of repetitive usage since 1987. There was a diagnosis of bilateral carpal tunnel syndrome and patient underwent right wrist surgery in Sept. 2004 and subsequent left wrist surgery the following year. She also had an additional right wrist surgery again. She had lower back surgery 2009 without benefit and has been on and off work since that time. There are positive objective findings cited in terms of positive tests, phalens/tinels (bilateral wrists) limited range of motion, etc. on the above regions. She continues to take oral medication and Motrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 8 Treatments (Lumbar and Cervical): Upheld**

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

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

**Decision rationale:** In order to support the medical necessity for acupuncture, based on MTUS guidelines, acupuncture may be warranted in the presence of positive objective findings from the acupuncturist as an initial trial of 3-6 treatments up to 1-2 months with a maximum duration of 14 sessions. Beyond 3-6 treatment sessions, the acupuncturist is obligated to document functional improvement which was absent in this file (if this is a request for continuing acupuncture). There is no documentation of the number of previous acupuncture treatments and objective improvement; moreover, no objective barriers have been identified which would have prevented the natural resolution of the work injury after several years. MTUS is silent on timeframe. No explanation has been given to how the current request is related to the old injuries. In addition, it is not clear what the mechanism of patient's recent flare up or exacerbation is. Therefore the request for 8 sessions of acupuncture is not supported by MTUS guidelines. Therefore this request is no medically necessary.