

<b>Case Number:</b>	CM14-0210951		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 injured worker is a 27 year old male who reported right wrist and lumbar spine pain from injury sustained on 11/01/13. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with lumbar spine sprain/strain, status post ORIF right distal radius, right thumb DQTSV. Patient has been treated with medication, chiropractic and acupuncture. Per medical notes dated 10/10/14, patient complains of right wrist pain which is intermittent and rated at 4/10, frequent with use and lifting. Low back pain is rated at 4/10, dull and constant pain, increased pain with prolonged standing. Patient has mild improvement. Pain intensity/frequency has decreased, improved ADLs. Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture treatments for lumbar spine and wrist pain which was non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 6 sessions to the Lumbar spine and right wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist/hand and forearm, Acupuncture

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture treatments for lumbar spine and wrist pain which was non-certified by the utilization review. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Furthermore Official Disability Guidelines do not recommend acupuncture for wrist pain. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.