

<b>Case Number:</b>	CM14-0211758		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	05/27/2007
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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 43 year old female who reported neck, right elbow and wrist pain from injury sustained on 05/27/07 due to cumulative trauma. Patient is diagnosed with cervical spine strain with myofascial pain; status post bilateral carpal tunnel release; bilateral ulnar nerve transposition with chronic paraesthesia and numbness. Patient has been treated with medication and surgery. Per medical notes dated 11/13/14, patient complains of neck and bilateral upper extremity pain. She has numbness along the ulnar forearm and hand on the left side as well as the lateral epicondyle on the right. Neck pain is reported, periscapular pain is significant on the right side. Examination revealed tenderness along the cervical paraspinal muscles, upper trapezius, levator scap, and periscapular region. It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care. Provider requested 10 acupuncture treatments which were non-certified by the utilization review dated 11/20/14. 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 for the cervical spine and right wrist/elbow; 10 sessions:** Upheld

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

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

**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. It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care. Provider requested 10 acupuncture treatments which were non-certified by the utilization review dated 11/20/14. Requested visits exceed the quantity supported by cited guidelines. 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 neck or wrist pain. Per review of evidence and guidelines, 10 acupuncture treatments are not medically necessary.