

<b>Case Number:</b>	CM14-0069238		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/29/2004
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Chiropractor (DC) and Acupuncturists 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 injured worker is a 59 year old female who reported neck, bilateral elbow and wrist pain from injury sustained on 06/29/04. Exact mechanism of injury was not documented in the provided medical records. Patient is diagnosed with cervical spine sprain/strain; bilateral medial and lateral epicondylitis; status post bilateral carpal tunnel release. Patient has been treated with medication, therapy and acupuncture. Per acupuncture progress notes dated 03/27/14, patient reports decreased pain level from last acupuncture treatment. Pain is rated at 6/10. She reports increased range of motion and is able to do more housework. Per medical notes dated 04/01/14, patient complains of neck, bilateral elbow and bilateral wrist pain. Patient had 3 acupuncture visits, patient notes decreased pain, better movement and better activities of daily living. Per acupuncture progress notes dated 04/03/14, patient reports acupuncture treatments have decreased pain, increased range of motion and increased ADLs. Patient complains of bilateral elbows and wrists rated at 6/10. Provider requested additional 6 acupuncture treatments for cervical spine, bilateral elbow and bilateral wrist pain which were non-certified by the utilization review on 04/11/14. 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:

**6 Acupuncture sessions to cervical, bilateral elbows, bilateral wrists: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (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 cervical spine, bilateral elbow and bilateral wrist pain which were non-certified by the utilization review on 04/11/14. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. 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. 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, ODG guidelines do not recommend acupuncture for cervical spine, hand/wrist pain. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.