

<b>Case Number:</b>	CM15-0008876		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: 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 38 year old male, who sustained an industrial injury on 7/12/13. He has reported pain in the neck, low back and right wrist and hand. The diagnoses have included cervical and lumbar strain, right wrist ganglia and right carpal tunnel syndrome. Treatment to date has included MRI, cortisone injections, acupuncture x 8 sessions for lower back pain, and oral medications. As of the PR2 on 12/16/14, the injured worker reported right wrist pain had improved after cortisone injections and lower back pain had improved after acupuncture. The treating physician is requesting acupuncture x 8 sessions for right wrist pain. On 1/5/15 Utilization Review modified a request for acupuncture treatments x 8 sessions to acupuncture treatments x 4 sessions. The UR physician cited the acupuncture treatment guidelines. On 1/15/15, the injured worker submitted an application for IMR for review of acupuncture treatments x 8 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture of the bilateral wrists; 8 sessions:** Upheld

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

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial for the wrists. As the patient continued symptomatic despite previous care (injections, physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS. The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the PTP requested initially 8 sessions, number that exceeds the guidelines recommendations without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.