

<b>Case Number:</b>	CM15-0100546		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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 46 year old female who sustained an industrial injury on 12/30/13. Initial complaints and diagnoses are not available. Treatments to date include medication, activity modifications, and wrist splint. Diagnostic studies include MRIS of the lumbar and cervical spine, left wrist, elbow, and shoulder, as well as electrodiagnostic studies of the left upper extremity. Current complaints include low back, and left hand/wrist/elbow pain. Current diagnoses include lumbar herniated nucleus pulposus, sprain/strain of lumbosacral spine, left epicondylitis lateral and medial, sprain/strain of the left wrist /shoulder, and cervical spine. In a progress note dated 04/29/15 the treating provider reports the plan of care as acupuncture, wrist splint, and medication including Flexeril, Ultracet, Prilosec, and Anaprox. The requested treatments include acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**#4 Acupuncture 3x4=12 for the cervical spine, left shoulder/elbow/wrist/hand, QTY: 12:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions were rendered with unreported benefits, no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 12 is not supported for medical necessity.