

<b>Case Number:</b>	CM15-0117933		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	10/20/2009
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 55 year old female, who sustained an industrial injury on 10/20/09. She reported pain in her right arm. The injured worker was diagnosed as having pain in the upper arm joint. Treatment to date has included Neurontin, Voltaren gel, Tramadol and Mobic. On 2/6/15, the injured worker rated her pain a 7/10 during the visit and a 5/10 at best. She is continuing to work modified duty. As of the PR2 dated 4/20/15, the injured worker reports right arm pain. Objective findings include positive neural tension signs, negative Hoffman reflex and tenderness over the brachial plexus. The treating physician requested acupuncture x 12 sessions and a pain management evaluation and treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, 12 sessions:** Upheld

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

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

**Decision rationale:** "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant does have chronic arm pain that may benefit from acupuncture. The 12 sessions requested exceed the 6 recommended by the guidelines to see benefit. The need for additional cannot be justified prior to a trial. Acupuncture is also considered an option and not a medically necessity.

**Pain Management, evaluation & treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Evaluation & Management (E&M), outpatient visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- office guidelines and pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant has chronic arm pain, but the request for a pain specialist does not indicate an intervention that is needed to provide additional benefit that cannot be provided by the referring physician. In addition, the claimant was already on analgesics. The request for a pain specialist is not justified and not medically necessary.