

<b>Case Number:</b>	CM15-0118928		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 47 year old female who sustained an industrial injury on 7/15/11 when she lost her balance while on a ladder and broke her right hand (open fracture) on an edge of glass (per utilization review). She currently complains of right wrist pain with pain intensity of 2/10; intermittent neck pain (1-4/10); subsiding headaches (0-2/10); frequent low back pain (1-6/10); intermittent left hip pain (0-3-/10); mid back pain (0-4/10). On physical exam there was pain on palpation, myospasm of the cervicothoracic, lumbosacral, left sacroiliac area. Her activities of daily living were improving and she had less pain and more flexibility. Diagnoses include disc bulge C6-7 with nerve impingement, cervicothoracic sprain/strain; lumbosacral sprain/stain; left hip sprain/strain; disc bulge at L2-3, L3-4, L4-5; cervicalgia; stress; depression. MRI of the cervical spine and electromyography/nerve conduction study of upper extremity was positive. In the progress note dated 2/16/15 the treating provider's plan of care included a request for acupuncture 1 time per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient acupuncture (unspecified frequency and duration): Upheld**

**Claims Administrator guideline:** Decision based on MTUS 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, the patient continues symptomatic, and no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. Based on the providers reporting, the patient is not presenting a flare up of the condition, or a re-injury. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the guidelines-MTUS. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture fails to meet the criteria for medical necessity.