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| <b>Case Number:</b>   | CM15-0121294 |                              |            |
| <b>Date Assigned:</b> | 07/07/2015   | <b>Date of Injury:</b>       | 02/18/2013 |
| <b>Decision Date:</b> | 07/31/2015   | <b>UR Denial Date:</b>       | 06/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/24/2015 |

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 61 year old female, who sustained an industrial injury, February 18, 2013. The injured worker previously received the following treatments Flexeril, Zanaflex, Omeprazole and Naproxen. The injured worker was diagnosed with GERD (gastroesophageal reflux disease), left ankle pain, left foot pain, and right wrist pain and myofascial pain syndrome. According to progress note of June 12, 2015, the injured worker's chief complaint was right wrist, left ankle and left foot pain. There was numbness in the right hand. The injured worker was taking pain medication and working full duty. The physical exam noted left foot and ankle tenderness. There was tenderness in the right wrist and 5th metatarsal. The treatment plan included acupuncture for the left foot, left ankle and right wrist to reduce need for pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture two times a week for four weeks for the left foot and ankle, and right wrist left foot, left ankle, right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** According to MTUS guidelines, "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm". Furthermore and according to MTUS guidelines, "Acupuncture with electrical stimulation" is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites." There is a candidate for treatment with acupuncture. However the frequency of the treatment should be reduced from 8 to 6 or less sessions. More sessions will be considered when functional and objective improvement is documented. Therefore, the request for Acupuncture two times a week for four weeks for the left foot and ankle, and right wrist left foot, left ankle, right wrist is not medically necessary.