

<b>Case Number:</b>	CM15-0125014		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	04/06/2000
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 50-year-old female who sustained an industrial injury on 4/6/00. She had complaints of pain in her neck, shoulders, hands, wrists and back as well as headaches. Treatments include: medication, physical therapy and surgical intervention. Primary treating physician's evaluation dated 5/4/15 reports continued complaints to the above stated areas. The pain radiates to both arms and torso rated 8/10 and 6/10 with medication. Migraine headaches occur three times per week rated 10/10 and reduced to 8/10 with medication. Plan of care includes: counseling/psychotherapy follow ups, psychosocial pain management consultation, internal medicine consultation, see OB GYN, consult with acupuncturist and or pain management specialist, and aqua therapy due to chronic pain in her neck and sleep study. Work status is temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **10 Acupuncture sessions, lumbar spine, left shoulder, cervical spine, bilateral hands:**

Upheld

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

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

**Decision rationale:** The guidelines (MTUS) indicate the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The same guidelines states that 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." The patient already underwent an unknown number of acupuncture sessions without any objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care and documenting the extraordinary circumstances to support a number of sessions exceeding the guidelines (x 10), the request for additional acupuncture is not supported for medical necessity.