

<b>Case Number:</b>	CM15-0126158		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	03/21/2004
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: 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 58-year-old female, who sustained an industrial injury on 3/21/2004. The mechanism of injury was cumulative trauma. The injured worker was diagnosed as having cervicgia, wrist sprain/strain, ulnar nerve lesion and carpal tunnel syndrome. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care, acupuncture, massage, physical therapy and medication management. In a progress note dated April 15, 2015, the injured worker noted subjective and objective functional improvement with acupuncture treatments. The injured worker has not responded to other modes of treatment. The treating physician is requesting 9 acupuncture treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatments, nine sessions:** Overturned

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

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

**Decision rationale:** The MTUS acupuncture medical treatment guidelines state that 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. The MTUS guidelines state that acupuncture treatments may be extended if functional improvement is documented. The medical records note subjective and objective functional improvement obtained from past acupuncture treatments. The request for Acupuncture treatments, nine sessions is medically necessary and appropriate.