

<b>Case Number:</b>	CM15-0179444		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	06/20/1988
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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, Montana

Certification(s)/Specialty: Chiropractor, 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 49 year old female who sustained an industrial injury on 06-20-1988. Current diagnoses include cervical spine pain, cervical spine radiculopathy, cervical spine herniated nucleus pulposus, cervical spine sprain-strain, disc disease at C4-5 and C5-6, bilateral wrist pain, mild to moderate bilateral carpal tunnel syndrome, and bilateral hand pain. Report dated 07-07-2015 noted that the injured worker presented for follow up orthopedic re-evaluation. The injured worker noted that her condition has "somewhat improved." Continued complaints included mild to moderate pain in her neck, bilateral shoulders, and bilateral hands-wrists with pain in the joints of the fingers and occasional numbness in the right arm. Pain level was 4 (neck) and 3 (bilateral shoulders) out of 10 on a visual analog scale (VAS). Physical examination performed on 07-07-2015 revealed restricted range of motion in the cervical spine and bilateral shoulders. Previously the injured worker completed approximately 4-5 sessions of acupuncture per the report dated 07-07-2015. The treatment plan included requesting additional acupuncture sessions to reduce myofascial pain and provide further improvement to her symptoms, and follow up in 4 weeks for re-evaluation. Report dated 08-17-2015 noted that the injured worker presented with moderate pain in her neck (4 out of 10 pain on VAS), and bilateral shoulder pain (4 out of 10 pain on VAS), pain and numbness in all fingers, bilateral hands, and bilateral arms. Other complaints included bilateral knee pain with weakness and instability, and difficulty sleeping. Treatment plan included another request for acupuncture. The medical records submitted did not include any prior acupuncture progress reports or the amount of visits completed to date. The utilization review non-certified the request for acupuncture 8 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Acupuncture sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions which were non-certified by the utilization review. Medical records discuss improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.