

<b>Case Number:</b>	CM15-0065605		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	07/01/2008
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 56 year old female, who sustained an industrial injury on 7/1/2008. Diagnoses have included carpal tunnel syndrome, ulnar neuritis, bilateral pronator teres syndrome, cervical facet and discogenic pain and left cervical radiculitis. Treatment to date has included acupuncture and medication. According to the progress report dated 2/24/2015, the injured worker complained of neck and bilateral forearm pain as well as pain radiating from the neck into the left shoulder. Exam of the cervical spine revealed moderate pain and spasticity. She had positive left more than right ulnar and median compression signs at the ulnar wrist and medial volar proximal forearm. Authorization was requested for additional acupuncture one to two times a week, 6 sessions, for the left hand and cervical area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture 1-2 times a week #6 for the left hand and cervical:** Upheld

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

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

**Decision rationale:** The guidelines note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments also 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 six prior acupuncture sessions which benefits were described as "better sleep and tolerate work activities", no specifics were included in the provider's reporting. In the absence of clear evidence of significant quantifiable response to treatment directly attributable to previous acupuncture care, the request for additional acupuncture is not supported for medical necessity.