

<b>Case Number:</b>	CM14-0153604		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	05/31/2005
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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. The expert reviewer is licensed in Oriental Medicine, Acupuncture and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 65-year-old male who sustained an industrial injury on 5/31/05. The records indicate that an engine compartment hit the patient's head. The patient's previously has been diagnosed with: bilateral shoulder synovitis and impingement, bilateral elbow epicondylitis, cervical ligamentous and muscular strain with discopathy. Lumbosacral ligamentous and muscular strain with discopathy. He has received PT, instructions for a home exercise program and has been prescribed the following medications: Omeprazole, Proteolin, Topamax, Myofibex, Alprazolam, Keto Gaba cream, and Capsaicin. The documentation provided suggests the patient has had previous acupuncture treatments, however, details regarding these treatments, including time frame courses, and objective signs of improvement were not provided, therefore, the medical necessity for the requested acupuncture sessions has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Acupuncture sessions without stimulation 15 min:** Upheld

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

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

**Decision rationale:** The patient is a 65-year-old male who sustained an industrial injury on 5/31/05. The patient stated that an engine cover struck the top of his head. He has received PT, instructions on a home exercise program, and the records suggest previous acupuncture treatments. The patient has been prescribed numerous medications. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) 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 expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. CA Acupuncture guidelines cited, 9792.24.1 states that the time to produce significant improvement is 3-6 treatments. It also states that acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions, and the objective findings from the provider are unknown. Therefore, the request for twelve (12) Acupuncture sessions without stimulation 15 min is not medically necessary and appropriate.