

Case Number:	CM13-0010441		
Date Assigned:	12/11/2013	Date of Injury:	07/05/2011
Decision Date:	02/25/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 60 year old male with a work related doi on 07/05/2011. The patient was treated with Physical Therapy, Acupuncture, Meds, trigger point injections, TENS ((Transcutaneous Electrical Nerve Stimulation), Chiropractic, HEP (home exercise program) and cognitive behavioral therapy. 10/20/2011 EMC/NCS (Electromyogram and Nerve Conduction Studies) of left upper extremity revealed ulnar neuropathy at the elbow. Cervical MRI revealed multilevel cervical disc injury with 1.9mm herniation at C4-5; a 3.3 mm herniation at C5-6; a 3.4mm herniation at C6-7; foraminal stenosis; some facet arthropathy. PTP PR2 12/2/2013 the patient has increased pain and discomfort involving his neck and low back due to cold weather. Objective findings: Decreased cervical and lumbosacral ROM (range of motion). Myofascial trigger point in the cervical, thoracic and lumbosacral paraspinal musculature. Local tenderness in the above region, positive local tenderness and swelling in the left wrist. Patient reports feeling depressed at times as well as anxiety. Diagnosis cervical sprain/strain injury, post-traumatic myofascial pain syndrome, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Electro Acupuncture Qty 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommends acupuncture, but treatment must show functional improvement. The only record of acupuncture was from 7/11 to 8/11 that showed acupuncture helped make his back less stiff but did not help his neck. It has been more than 2 years since acupuncture was last tried according to records. It may be appropriate to try again, but 8 sessions exceeds Chronic Pain Medical Treatment Guidelines which recommend 3-6 sessions initially, and if functional status improves additional acupuncture may be approved. Therefore as the requested number exceeds guides, it is not appropriate.