

Case Number:	CM13-0016298		
Date Assigned:	01/15/2014	Date of Injury:	08/31/2012
Decision Date:	03/19/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 46 year-old female psychologist who was injured on 8/31/12 when she tried to intervene with a 4th grader that kicked, hit, scratched and pinched her. She has been diagnosed with repetitive strain injury; myofascial pain syndrome; bilateral wrist tendonitis; bilateral lateral epicondylitis; bilateral knee sprain; bilateral ankle sprain; and history of cubital tunnel syndrome s/p release. On 8/9/13, EK Health UR letter recommended non-certification for electro-acupuncture, myofascial release, infrared x16. The letter states the accepted body parts are knees, legs, ankles, both arms, and the cervical spine. According to the 7/26/13 report from [REDACTED] patient presents with continued pain in the neck, upper back, bilateral arms, knees, legs, and ankles. [REDACTED] states the trial of electro-acupuncture was helpful in decreasing the pain and discomfort and allowed her to improve her function. She was able to sleep better and do more self-care activities and was able to work full time without interruption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-acupuncture, Myofascial Release, Infrared QTY:16.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back;

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: The patient presents with neck and upper back pain as well as pain in all extremities. According to the 7/26/13 report from ■■■. ■■■, the patient had functional improvement with her trial of acupuncture and he requests additional acupuncture at 3x/week for 6-8 weeks "16x" The acupuncture trial was reported at frequency of 2x4. The patient might benefit from some additional acupuncture, but the frequency requested 3x/week for 16 sessions does not meet the MTUS definition of functional improvement when the trial frequency was at 2x/week. The last part of the sentence in the MTUS definition of "functional improvement" is: "and a reduction in the dependency on continued medical treatment" The dependency on medical treatment has increased, going from the 2x/week during the trial to 3x/week. The frequency of the acupuncture visits requested is not in accordance with MTUS/acupuncture treatment guidelines.