

Case Number:	CM13-0021988		
Date Assigned:	12/11/2013	Date of Injury:	05/01/2013
Decision Date:	01/30/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/09/2013

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 applicant is an [REDACTED] employee who has filed a claim for chronic low back and right hand pain reportedly associated with cumulative trauma at work first claimed on May 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; a smart glove; six prior sessions of acupuncture in July 2013; and reported return to regular duty work. In a Utilization Review Report of August 16, 2013, the claims administrator denied a request for an additional four sessions of acupuncture. No clear rationale was provided. The claims administrator used the outdated 2007 MTUS acupuncture guidelines and mislabeled them as the 2009 MTUS acupuncture guidelines. The claims administrator did note in a summary that the applicant was working regular duty as of progress notes dated June 27, 2013 and August 7, 2013. The applicant is only using Motrin and Neurontin for pain relief and is apparently working regular duty, it is reiterated in the claims administrator's summary. The applicant appealed the decision, on September 8, 2013. In an October 8, 2013 office visit, it is stated that the applicant has evidence of carpal tunnel syndrome. He is status post carpal tunnel steroid injection. He is using an ergonomic keyboard. His claim has been accepted. He is working regular duty, it is stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional electro-acupuncture sessions to the low back and right upper extremity:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The applicant has had six prior sessions of acupuncture to date, per the claims administrator. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, all the information that is on file with the claims administrator does seemingly establish the presence of functional improvement with prior acupuncture. Specifically, the applicant has returned to regular duty work. He is only using Motrin and Neurontin for pain relief, it is suggested. Therefore, the original utilization review decision is overturned as the applicant's successful return to and/or maintenance of regular duty work status does establish prima facie evidence of functional improvement as defined in MTUS 9792.20f. Accordingly, four additional sessions of acupuncture are certified.