

Case Number:	CM13-0028151		
Date Assigned:	11/22/2013	Date of Injury:	03/29/2004
Decision Date:	01/17/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/23/2013

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 Family Practice, and is licensed to practice in Texas. 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 55-year-old female who reported a work-related injury on 03/29/2004 due to a fall. The patient reportedly injured her right shoulder, fingers, and both hands, lower back area, neck, and right knee. MRI of the cervical spine revealed degenerative disc disease at levels C5-6 and C6-7 with associated posterior spur-disc complexes and mild central canal stenosis. The patient has undergone injections, physical therapy, and acupuncture therapy. The patient's diagnoses are listed as displacement of cervical intervertebral disc, sprains and strains of the knee and leg, and sprains and strains of wrist, unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture treatments, QTY: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The recent clinical documentation submitted for review stated the patient presented with complaints of constant and severe pain rated as 9/10 in severity to her neck radiating to the right shoulder and right arm with numbness and tingling sensations of the right hand and fingers and throbbing pain. The patient reported she had 10 sessions of acupuncture in

06/2013. The patient was noted to have tenderness of the neck. The patient also continued to use a TENS unit daily. It was noted that previous treatments of acupuncture helped the patient. California Chronic Pain Medical Treatment Guidelines indicate acupuncture is used as an option when pain medication is reduced or not tolerated. Acupuncture may also be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines further state acupuncture treatments may be extended if functional improvement is documented. There is a lack of documentation noting functional improvement for the patient after her acupuncture treatments. There is no documentation noting a significant improvement in activities of daily living for the patient or a reduction in work restrictions. The patient's medication was not noted to be reduced or not tolerated and surgical intervention was not planned for the patient. The clinical documentation submitted for review does not meet guideline criteria for further acupuncture treatments. As such, the request for additional acupuncture treatments, QTY: 6.00 is non-certified.