

Case Number:	CM13-0037821		
Date Assigned:	12/18/2013	Date of Injury:	06/01/2011
Decision Date:	03/26/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/24/2013

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 Neurology, has a subspecialty in Neuromuscular, Electrodiagnostic Medicine, and Internal 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:

██████████ is a 49 year old woman who sustained a work-related injury on June 1, 2011. Subsequently she reported chronic right wrist and right shoulder pain. According to the progress note of August 30, 2013, the patient was complaining that of right wrist and shoulder pain. The patient was also complaining of numbness and tingling. Her pain is worse with activity. She denied any back pain on the visit of August 30, 2013. Her physical examination demonstrated right wrist tenderness. She was diagnosed with the bilateral wrists carpal tunnel syndrome and lumbar spine herniated nucleus pulposus. The patient was treated with pain medications and acupuncture. The patient was reported to have 12 sessions of acupuncture. The provider is requesting for unspecified number of sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) guidelines specified in Division of Workers' Compensation, Title 8 regulations, Chapter 4.5, subchapter 1, Article 5.5.2 9792.20 through 9792.24.1

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Acupuncture Medical Treatment Guidelines, pages 8-9.

Decision rationale: "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 hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm." Furthermore, and according to MTUS guidelines, "Acupuncture with electrical stimulation" is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites." And finally, "Frequency and duration of acupuncture or acupuncture with electrical stimulation maybe performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months.(d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef)." There is no documentation of functional improvement with previous acupuncture treatment (12 sessions of acupuncture). Therefore, Acupuncture is not medically necessary.