

Case Number:	CM13-0049944		
Date Assigned:	12/27/2013	Date of Injury:	05/16/2007
Decision Date:	06/20/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 35 year old female who has reported the gradual onset of widespread pain in the neck, shoulders, and upper extremities, with a listed date of injury as 5/16/07. The diagnoses have included carpal tunnel syndrome, myofascial pain, and tenosynovitis. Treatment has included medications, physical therapy, cervical pillow, and electrical stimulation. Per the treating physician report of 8/27/13, pain had increased. Acupuncture was prescribed to prevent further increases in pain and medications. Work status was "full duty". Per an appeal from the primary treating physician dated 10/1/13, the injured worker continues to work, needed increasing medications, and had painful physical findings. Home care methods had been prescribed along with acupuncture. On 9/18/13 Utilization Review non-certified 4 visits of acupuncture, noting the lack of information about more active therapies that had failed and the reliance on passive care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE (1 TIME PER WEEK FOR 4 WEEKS): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Acupuncture Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. Per the MTUS, 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. The treating physician has discussed issues with pain medications, has continued the injured worker at a high level of function with respect to "full duty" work status, and has prescribed forms of self-care rehabilitation in addition to prescribing acupuncture as an initial trial. This adequately addresses the MTUS recommendations for an initial trial of acupuncture. An initial course of acupuncture is 3-6 visits per the MTUS. The 4 visits are within the quantity recommended in the MTUS. An initial course of 4 visits is medically necessary per these guidelines. The Utilization Review decision is not supported because the treating physician has provided enough clinical information regarding the indications for acupuncture in accordance with the MTUS recommendations.