

Case Number:	CM13-0059381		
Date Assigned:	04/18/2014	Date of Injury:	06/12/1995
Decision Date:	06/30/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 67-year-old female who has reported neck and upper extremity pain after an injury on 6/12/95. Diagnoses include "spasmodic torticollis" and hand pain. Treatment has included Botox injections for the cervical spine, acupuncture, massage, carpal tunnel release, and medications. Billing statements from the acupuncture provider show approximately fourteen acupuncture treatments during August to October 2013. An 8/20/13 acupuncture report recommends the acupuncture course under Independent Medical Review. The primary treating physician reports from 8/30/13, and earlier in 2013, have a long list of medications, treatments, symptoms, and a brief mention that acupuncture has helped her pain. On 10/25/13, the primary treating physician gave Botox injections. There was no mention of acupuncture. On 11/19/13, Utilization Review non-certified additional acupuncture therapy, noting the lack of indications per the MTUS. This Utilization Review decision was appealed for an Independent Medical Review. The Independent Medical Review application lists the requested treatment as three visits initially, followed by twice a week treatment until arm pain is reduced by 50-60%, with no total quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the hand and neck (3 treatments within 10 days followed by 2 treatments per week until the arm is 50-60% improved): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for additional acupuncture is evaluated in light of the MTUS recommendations for acupuncture, including the definition of "functional improvement". 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 not provided the specific indications for acupuncture as listed in the MTUS. There is no discussion of issues with pain medications, or functional recovery in conjunction with surgery and physical rehabilitation. The prescription does not list a total quantity of visits. Open-ended prescriptions for acupuncture are not medically necessary, as the MTUS recommendations for acupuncture are very specific regarding quantity of visits, duration of treatment, and measures of outcome. Medical necessity for further acupuncture is considered in light of "functional improvement". Since the completion of the prior acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no evidence of a reduction in the dependency on continued medical treatment. Office visits continue at the same frequency. Medications are continued in the same quantities. Botox injections continue on a periodic basis. No additional acupuncture is medically necessary based on lack of functional improvement as defined in the MTUS. The unspecified, and potentially unlimited, quantity of visits is not in accordance with the MTUS recommendations for a limited quantity and duration of treatment.