

Case Number:	CM13-0059425		
Date Assigned:	12/30/2013	Date of Injury:	04/08/2009
Decision Date:	04/07/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 was seen for a follow up visit on 10/01/2013, with complaints of neck pain, which radiates to her right upper extremity, and which is significant at this time. The pain level was rated at an 8/10. The patient is currently taking Vicodin and using topical rubs with some relief, but not enough. The patient is diagnosed with status post carpal tunnel release in 03/2012, cervical spine disc herniation and right carpal tunnel. On the 10/01/2013 office visit, on exam of the cervical spine there was limited range of motion in all directions secondary to increased pain, tightness and stiffness. The patient had tenderness over the occipital nerves bilaterally. The physician also stated that there was significant tenderness over the cervical spinous process and interspaces from C3-7. Tenderness was also noted over the cervical facet joints from C3-7 bilaterally, worse on the right as compared to the left, with a positive provocation test. Due to the assessment, the physician is asking for a spinal surgery consult in addition to a carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the cervical spine, two (2) times a week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has a diagnosis of status post carpal tunnel release in 03/2012, cervical spine disc herniation, and right carpal tunnel. Upon exam the physician stated limited cervical spine range of motion in all directions due to increase pain, tightness and stiffness. There was tenderness over the cervical spinous processes and interspaces from C3-7. Also C3-7 as well as over the cervical facet joints from the same area, worse on the right as compared to the left. The hand grip strength was 4/5 bilaterally. The Acupuncture Medical Treatment Guidelines indicate that 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 documentation provided did not show that pain medication was reduced or not being tolerated at this time, and also did not note any adjunct or any physical rehabilitation and/or surgical intervention was being completed at this time for the patient. Therefore, the request for acupuncture to the cervical spine at two (2) times a week for six (6) weeks is non-certified.