

Case Number:	CM13-0060057		
Date Assigned:	12/30/2013	Date of Injury:	01/19/2013
Decision Date:	05/27/2014	UR Denial Date:	11/05/2013
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 Physical Medicine and Rehabilitation; has a subspecialty in Pain Management 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:

The patient is a 56-year-old female whose date of injury is January 19, 2013. The patient reports she began to experience the onset of pain in her neck, both shoulders and both hands secondary to repetitive typing and working in an improper work sitting area. A note dated February 05, 2013 indicates that the patient completed approximately four (4) sessions of physical therapy and was provided with bilateral wrist splints. An electromyogram (EMG) and nerve conduction velocity (NCV) dated February 22, 2013 is a normal study. An agreed medical evaluation dated September 19, 2013 indicates that the patient was recently started on acupuncture treatment. Diagnoses are listed as repetitive strain injury to the cervical spine and bilateral upper extremities. An EMG/NCV dated October 04, 2013 revealed no evidence of cervical radiculopathy, but possible clinical evidence for polyneuropathy. A cervical magnetic resonance imaging (MRI) dated October 07, 2013 revealed a disc bulge with a 3mm posterior disc protrusion at C5-6 with resultant moderate spinal stenosis; disc bulge with an annular tear and 3-4 mm posterior disc protrusion at C6-7 with resultant moderate spinal stenosis; disc bulge with a 2 mm posterior disc protrusion at C4-5 with resultant mild spinal stenosis. The September 19, 2013 medical report identifies that the patient has started receiving acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE CERVICAL, BILATERAL WRISTS, SHOULDERS & ELBOWS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS guidelines do support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to six (6) sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is documentation of prior use of acupuncture, but there is no clear and legible documentation of functional improvement as defined above from those sessions. In light of the above issues, the currently requested acupuncture is not medically necessary.