

Case Number:	CM13-0061642		
Date Assigned:	04/28/2014	Date of Injury:	02/01/2012
Decision Date:	06/02/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/05/2013

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 Chiropractic, 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 injured worker is a 37 year old female who reported bilateral elbow; bilateral wrist; bilateral hands; back and neck pain from injury sustained on 02/01/12 due to cumulative trauma. An MRI of the cervical spine revealed loss of lordosis and 2mm posterior disc bulge. An MRI of the lumbar spine revealed mild disc desiccation and 2-3 mm diffuse posterior bulge at L5-S1. The patient has been diagnosed with cervical spine strain; bilateral trapezial irritation; bilateral carpal tunnel syndrome and lumbar spine strain. The patient has been treated with medication; chiropractic and acupuncture. Per notes dated 09/10/13, the patient reports consistent pain rated at 6/10. She continues to have numbness and tingling in bilateral wrists. Cervical spine paravertebral muscles are tender to palpation with limited range of motion. Per notes dated 10/08/13, she states that she is undergoing acupuncture which she has noticed a great improvement in her symptoms. Per notes dated 11/5/13, patient complained of neck and back pain. She states that acupuncture treatments decrease pain that builds up during the week. She has limited range of motion with tenderness to palpation. Primary treating physician is requesting additional 12 acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 TREATMENTS OF ACUPUNCTURE TO NECK, BACK, AND BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS Acupuncture Guidelines, "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery...Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented." The patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care provided any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. The request is not medically necessary and appropriate.