

Case Number:	CM13-0066388		
Date Assigned:	01/08/2014	Date of Injury:	04/11/2011
Decision Date:	04/24/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, carpal tunnel syndrome, and myofascial pain syndrome reportedly associated with an industrial injury of April 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; unspecified amounts of acupuncture; topical agents; trigger point injections; and reported return to regular duty work. In a Utilization Review Report of December 10, 2013, the claims administrator apparently denied a request for six sessions of acupuncture, stating that acupuncture did not improve the applicant's level of function and activities of daily living. The applicant wrote in a handwritten response that the only acupuncture she received in 2011 significantly reduced her symptoms. In a progress note of March 7, 2013, the applicant is described as having had a flare-up pain. She is using Voltaren gel to ameliorate the same. She is working regular duty. She attributes some of her symptoms to an ergonomically unfriendly work station. Multiple notes interspersed throughout 2011, 2012, and 2013 all allude to the applicant's working regular duty work. In a December 4, 2013 appeal letter, the attending provider sets forth an appeal on the previous acupuncture denial. Multiple articles are cited. It is stated that the applicant's response to prior acupuncture has been favorable. The applicant did receive trigger point injection therapy on March 7, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWICE (2) A WEEK FOR THREE (3) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS Guidelines, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, the applicant's successful return to regular work does, in fact, constitute prima facie evidence of functional improvement as defined in MTUS 9792.20f. The applicant has achieved and/or maintained successful return to work status. The applicant further stated that earlier acupuncture was successful in reducing pain levels and in effecting appropriate improvement in function. Continuing the same, on balance, is therefore indicated and appropriate. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.