

Case Number:	CM14-0112491		
Date Assigned:	08/04/2014	Date of Injury:	08/01/2005
Decision Date:	10/31/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/18/2014

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 thumb, wrist, hand, forearm, and low back pain reportedly associated with an industrial injury of July 14, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; opioid therapy; and the apparent imposition of permanent work restrictions through medical-legal evaluation. In a Utilization Review Report dated June 26, 2014, the claims administrator denied a request for additional acupuncture while approving a thumb spica splint. In a June 18, 2014 progress note, the applicant reported 8/10 bilateral hand, low back, and elbow pain were reported. Additional 12 sessions of acupuncture for the low back and bilateral upper extremities were sought. The applicant was given refills of omeprazole, Medrox, a thumb spica splint, tramadol, Norco, Naprosyn, and Flexeril. Permanent work restrictions were renewed. It was acknowledged that the applicant was not working with said permanent limitations in place. In an earlier note dated April 16, 2014, it was acknowledged that the applicant was having difficulty performing activities of daily living. The applicant was asked to continue acupuncture at that point. Electrodiagnostic testing of the bilateral upper extremities was sought. The applicant was given refills of Prilosec, Medrox, tramadol, Norco, Naprosyn, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week for 4 weeks Right Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question does represent a renewal request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d do note that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, there has been no demonstration of functional improvement as defined in section 9792.20f with earlier acupuncture treatment. The applicant has failed to return to work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains highly dependent on various forms of medical treatment, including opioid agents such as Norco and tramadol. All the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request for additional acupuncture is not medically necessary.

Acupuncture 3 times a week for 4 weeks Left Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question does represent a renewal request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d do acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, there has been no such demonstration of functional improvement as defined in section 9792.20f. The applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains highly dependent on opioid agents such as Norco and tramadol. All of the above, taken together, suggest a lack of functional improvement as defined in section 9792.20f, despite earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request for additional acupuncture is not medically necessary.