

Case Number:	CM14-0117300		
Date Assigned:	08/06/2014	Date of Injury:	10/13/2011
Decision Date:	10/03/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 34 year-old individual was reportedly injured on 10/13/2011. The mechanism of injury is not listed. The most recent progress note dated 6/25/2014 indicates that there are ongoing complaints of neck pain, bilateral upper extremity pain, and low back pain. The physical examination demonstrated cervical spine: positive tenderness to palpation paravertebral muscles with spasm, positive axial loading compression test, positive Spurling's maneuver with extension of symptomology into the upper extremities, and limited range of motion with pain. Generalized weakness and numbness has been noted. Elbows: positive tenderness over the elbow, positive Tinel's over the cubital tunnel, full range of motion with pain, and diminished sensation in the owner digits. Bilateral wrist and hand: positive tenderness over the dorsal and medial aspect of the wrist, positive Palmer compression test with subsequent Phalen's maneuver, positive Tinel's over the carpal tunnel left more than right, full range of motion with pain, and diminished sensation in the radial digits. Lumbar spine: pain and tenderness to palpation in the mid--distal lumbar segments, seated nerve root test is positive, range of motion is guarded and restricted, and decreased sensation in the lower extremities. No recent diagnostic studies are available for review. Previous treatment includes medications and conservative treatment. A request had been made for #12 acupuncture sessions for the cervical spine, lumbar spine, and left elbow and was non-certified in the pre-authorization process on 6/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture sessions to the Cervical and Lumbar Spines and Left Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: MTUS guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the claimant's diagnosis, date of injury, clinical presentation, and the lack of documentation of conservative treatments or an on-going physical rehabilitation program, there is insufficient clinical data provided to support additional acupuncture; therefore, this request as stated is not considered medically necessary.