

Case Number:	CM14-0124211		
Date Assigned:	08/08/2014	Date of Injury:	11/08/2007
Decision Date:	09/17/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/06/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California, Florida and New York. 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 55-year-old female who reported an injury due to continuous/repetitive trauma on 11/08/2007. On 06/20/2014, her diagnoses included occipital neuralgia, cervical radiculopathy, history of cervical spine fusion, bilateral carpal tunnel syndrome, bilateral ulnar nerve entrapment at the elbow and right sub acromial bursitis. The progress notes indicate this worker has been treated with acupuncture shortly after the reported injury and then continues on her own after there was a denial of further acupuncture. On 06/11/2014, it was noted that she had completed 6 more sessions of acupuncture. The acupuncture note stated that the patient was not responding to treatments as expected. There was no rationale included with this worker's chart. A Request for Authorization dated 06/20/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 2 times a week for 3 weeks neck, BUE, low back and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend that acupuncture is an option when pain medication is reduced or not tolerated. It may be used as supplement to physical rehabilitation and or surgical intervention to hasten functional recovery. The recommended frequency of treatments is 1 to 3 times per week with functional improvement noted in 3 to 6 treatments. The optimum duration of treatments is 1 to 3 months. There was no documentation submitted that this worker is having her medications reduced or is not tolerating them. Furthermore, the 6th treatment note from the acupuncture has stated that she was not responding well to the acupuncture therapy. Since she had already completed 6 treatments of acupuncture, any further acupuncture treatments would exceed the recommendations in the guidelines. The request for additional acupuncture 2 times a week for 3 weeks neck is not medically necessary.