

Case Number:	CM14-0133949		
Date Assigned:	08/25/2014	Date of Injury:	07/25/2013
Decision Date:	11/03/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical medicine & Rehabilitation 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 55-year-old male who reported an injury on 07/25/2013. The mechanism of injury was not listed in the records. The injured worker's diagnoses included cervical disc herniation, thoracic disc displacement, and lumbar disc displacement. The injured worker's past treatments included acupuncture and pain medication. There was no relevant diagnostics imaging submitted for review. There was no relevant surgical history noted in the records. The subjective complaints on 07/08/2014 included pain to the left wrist and hand, cervical spine, lumbar spine, bilateral shoulders, right wrist and hand, and left knee. The objective physical examination noted that there was decreased cervical range of motion with +3 spasms and bilateral tenderness to the paraspinal muscles from C4 to C7. There were also +3 spasms in the lumbar and shoulder region with tenderness to palpation to both areas. The injured worker's medications were not listed in the records. The treatment plan was to continue acupuncture therapy. A request was received for acupuncture 6 sessions to the left wrist. The rationale for the request was to decrease pain. The Request for Authorization form was dated 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is noted in the clinical records that the patient has already attended 3 sessions of acupuncture therapy. The patient has chronic bilateral upper extremities pain and chronic neck pain. There is a lack of documentation in the records that the patient's pain medication is being reduced or that the patient's pain medication is not tolerated. Additionally, there is no indication that acupuncture is being used as an adjunct to physical rehabilitation or surgical intervention. In the absence of a reduction in pain medication and no formal rehabilitation plan, the request for acupuncture is not supported by the evidence based guidelines. As such, the request is not medically necessary.