MAXIMUS Federal Services

Case Number:	CM14-0172039		
Date Assigned:	10/23/2014	Date of Injury:	08/25/2003
Decision Date:	12/02/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/17/2014

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 licensed in Chiropractic, has a subspecialty in Acupuncture, 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 patient is a 41-year-old female with a date of injury of 08/25/2003. According to the progress report dated 9/21/2014, the patient complained of pain in the bilateral hands, wrists, shoulder, and the left knee. The patient also complained of dull, heavy pain sensation, aching, and fatigue down the bilateral upper extremity. Significant objective findings include limited cervical range of motion in the cervical spine, limited range of motion in the shoulder, positive Spurling test, positive Wright's hyper abduction test, positive Halstead maneuver, and positive Adson's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for nausea and pain, twice weekly for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture medical treatment guideline states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient had acupuncture treatment in the past. The provider noted that the patient responded well to acupuncture with objective improvement. It was noted that the patient required less Zofran and

Phenergan. In addition, the provider noted that acupuncture allows the patient to use less opiates and have less fare ups. There patient's prescription remained the same. There was no documentation of the patient using fewer opiates through acupuncture. There was no objective documentation of functional improvement noted with acupuncture therapy. The provider noted that the patient would be more miserable with more pain and likely to be completely bed ridden and unable to participate in medical appointments without her current medications. There was no documentation of reduction in the dependency of continued medical treatments. Based on the lack of documentation of functional improvement through acupuncture care, the provider's request for additional acupuncture for nausea and pain twice weekly for 6 weeks is not medically necessary at this time.