

Case Number:	CM14-0173590		
Date Assigned:	10/24/2014	Date of Injury:	06/19/2013
Decision Date:	12/04/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/21/2014

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 and 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 injured worker is a 52 year old female who reported neck, low back and bilateral wrists pain from injury sustained on 06/19/13 due to cumulative trauma. MRI of the cervical spine revealed moderate to severe foraminal narrowing at C5-6 and C6-7 secondary to disc bulge in conjunction with uncovertebral osteophyte formation. MRI of the right wrist dated 09/26/13 revealed subchondral cyst formation and radioulnar joint effusion. MRI of the right knee revealed intrasubstance degeneration. Patient is diagnosed with neck sprain, lumbar spine sprain/strain, wrist and hand sprain/strain. Patient has been treated with medication, right carpal tunnel release, physical therapy and acupuncture. Per medical notes dated 08/05/14, patient complains of continues neck pain. Pain is rated at 7/10. Patient reports bilateral wrist and hand pain rated at 7/10. Examination revealed tenderness to palpation of the cervical spine. Provider requested acupuncture 3 times 4 for neck, low back, and bilateral wrists. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

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 times 4 weeks 15 mins for neck, lumbar and bilateral wrists:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck; hand/wrist and forearm, acupuncture.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Per medical notes dated 08/05/14, patient complains of continues neck pain. Pain is rated at 7/10. Patient reports bilateral wrist and hand pain rated at 7/10. Examination revealed tenderness to palpation of the cervical spine. Provider requested acupuncture 3 times 4 for neck, low back, and bilateral wrists. Requested visits exceed the quantity supported by cited guidelines. There is lack of evidence that prior acupuncture care was of any functional benefit. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Furthermore Official Disability Guidelines do not recommend acupuncture for neck or wrists pain. Per review of evidence and guidelines, 3 times 4 acupuncture treatments are not medically necessary.