

Case Number:	CM14-0040679		
Date Assigned:	06/20/2014	Date of Injury:	06/01/1999
Decision Date:	08/12/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 65 year old female whose date of injury is 06/01/1999. Treatment to date includes left ulnar nerve transfer surgery, H-wave unit, wrist brace and 12 visits of acupuncture. Progress note dated 02/04/14 indicates that the injured worker complains of persistent neck pain which radiates to the left shoulder. Diagnosis is cervical spine degenerative disc disease. The injured worker reported increased range of motion, decreased pain, and improved tolerance for activities of daily living after acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE 1 X 6 FOR THE CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for additional acupuncture 1 x 6 for the cervical spine is not recommended as medically necessary. The submitted records indicate that the injured worker has completed at least 12 acupuncture sessions to date. California Medical Treatment Utilization Schedule guidelines note that optimum duration of treatment is 1-2 months, and there is no clear rationale provided to support exceeding

this recommendation. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided.

6 MONTH SUPPLY OF ELECTRODES FOR AN H-WAVE UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

Decision rationale: Based on the clinical information provided, the request for 6 month supply of electrodes for an H-wave unit is not recommended as medically necessary. The submitted records fail to document the injured worker's objective functional response to H-wave unit to establish efficacy of treatment in accordance with Chronic Pain Medical Treatment Guidelines. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Given the above the request is not medically necessary.