

Case Number:	CM14-0049491		
Date Assigned:	07/07/2014	Date of Injury:	04/18/2013
Decision Date:	08/06/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 47-year-old female, who reported neck, low back, bilateral wrists and right shoulder pain from an injury; due to cumulative trauma. The patient is diagnosed with lumbar spondylosis with myelopathy; carpal tunnel syndrome; cervical disc herniation with myelopathy; bursitis and tendinitis of the right shoulder. An MRI of the cervical spine revealed disc protrusion at C4-5 and C5-6. An MRI of the right wrist is unremarkable. An MRI of the left hand and wrist is unremarkable. Electrodiagnostic studies revealed bilateral carpal tunnel syndrome. The patient has been treated with medication, therapy and acupuncture. Per the medical notes dated 12/18/13, the patient complains of moderate bilateral wrist and hand pain that is aggravated by gripping. She complains of constant, dull, moderate neck pain that radiates into her right shoulder. The low back pain is constant, moderate to severe pain that is made worse by prolonged sitting. The patient also complains of intermittent, moderate pain in the right shoulder, which increases with overuse and raising her arm up. Per medical notes dated 03/05/14, since the last examination, the patient had increased activities of daily living; she is able to do house work; and she has increased range of motion of the left and right wrist flexion from 70 to 80 degrees. The primary physician is requesting an additional six (6) acupuncture sessions. The medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved 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:

Six (6) acupuncture sessions for the bilateral wrists, cervical spine, lumbar spine, and right shoulder: Overturned

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 indicate that "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". The patient has had prior acupuncture treatment. Per medical records, the patient has improved activities of daily living; she is able to do house work; and the range of motion of the left and right wrist flexion has increased from 70 degrees to 80. The medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. The guidelines also indicate that 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. Per review of evidence and the guidelines, the request is medically necessary.