

Case Number:	CM14-0062067		
Date Assigned:	07/09/2014	Date of Injury:	09/10/2001
Decision Date:	09/12/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/02/2014

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 injured worker is a 54 year old female who reported neck and bilateral upper extremity pain from injury sustained on 09/10/01 due to repetitive stress. There were no diagnostic imaging reports. Patient is diagnosed with carpal tunnel syndrome; brachial neuritis/ radiculitis and displaced cervical intervertebral disc disease. Patient has been treated with medication, physical therapy and acupuncture. Per acupuncture progress notes dated 04/30/13, patient has completed initial trial of 8 acupuncture treatments and has seen noticeable improvement since starting treatment. Her overall pain today before treatment was 4-5/10 as compared to 7-8/10 on the right and 4-5/10 on the left a month ago. Per medical notes dated 04/09/14, patient complains of neck and back pain with radiation to upper extremity. Pain is rated at 4-8/10. Examination revealed bilateral paravertebral muscle tenderness and tightness. There is slight increase in the prominence of the right scapula, decreased range of motion. Provider is requesting additional 8 acupuncture treatments. Patient reported symptomatic relief with treatment; 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:

8 sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic); ODG Forearm, Wrist, & Hand (Acute & Chronic); ODG Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (carpal tunnel syndrome; hand, wrist and forearm; neck and upper back), (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 acupuncture progress notes dated 04/30/13, patient reported symptomatic relief with acupuncture. 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. 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 carpal tunnel syndrome; hand, wrist and forearm; or for neck pain. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary.