

Case Number:	CM14-0062289		
Date Assigned:	07/11/2014	Date of Injury:	03/12/2009
Decision Date:	08/15/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/05/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 57-year-old male with a date of injury of 03/12/2009. The listed diagnoses per [REDACTED] are: 1. Residuals of cervical strain, rule out cervical spondylosis. 2. Rule out bilateral thoracic outlet syndrome. 3. Bilateral wrist flexor tendonitis, rule out bilateral carpal tunnel syndrome. According to progress report 03/21/2014, the patient reports no improvement of his regional musculoskeletal pain. He complains mostly of pain in his bilateral shoulder and left hand pain. He also has an increase in neck pain radiating down to both arms and has residual bilateral flexor wrist pain which is described as aching and sharp. He has partial relief with his current medication regimen without side effects. His medication regimen includes Naproxen, Gabapentin, and Omeprazole. The patient was instructed to continue with his regular duties and his independent exercise program. He is currently permanent and stationary. The provider is requesting acupuncture treatment x4 sessions, as he has to minimize daytime intake of medications. Utilization review denied the request on 04/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 4 CS & Bilateral upper extremities: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Acupuncture for Neck and Low back Pain, and MTUS Acupuncture Medical Treatment Guidelines, page 8.

Decision rationale: This patient presents with chronic bilateral upper extremity complaints. The provider is requesting acupuncture x4 visits as the patient needs to minimize daytime intake of medications. MTUS Acupuncture Guidelines recommends acupuncture for pain, suffering, and restoration of function. The recommended frequency and duration of acupuncture is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. Acupuncture treatments can be extended if functional improvement is documented. The requesting provider does not discuss in any of his progress reports or the outcome of prior acupuncture treatments. Agreed medical examiner (AME) report from 12/23/2013 states, the patient received some acupuncture treatments and those were helpful. In this case, MTUS guidelines allows for treatments to be extended only when functional improvement has been documented. Therefore, the request for acupuncture x 4 is medically necessary and appropriate.