

Case Number:	CM13-0065659		
Date Assigned:	01/03/2014	Date of Injury:	08/20/2012
Decision Date:	03/27/2015	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/13/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Oriental Medicine

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 (IW) is a 53 year old male who sustained an industrial injury on 08/20/2012. He has reported pain in bilateral upper extremities, and neck pain. Diagnoses include sprain of hand, post laminectomy syndrome-cervical (non- industrial), carpal tunnel syndrome, and brachial plexus lesions. Treatments to date include acupuncture, medications and medication management. A progress note from the treating provider dated 11/08/2012 indicates the IW states he is depressed and his pain causes his mood to be poor. Treatment plan is to request use of pain psychology resource and authorization of more acupuncture as he feels the acupuncture has helped him decrease pain, decrease numbness and tingling, and eliminate Norco use. The notes state he has now resumed use as he is not in acupuncture. An orthopedic consult is also requested for follow-up of possible thoracic outlet syndrome. On 11/15/2013 Utilization Review non-certified a request for ACUPUNCTURE.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the records reviewed, the patient presents chronic pain complains for which he takes Norco. On 8-20-13, the provider reported that the patient was able to discontinued the use of Norco, improved his sleep pattern, increased the ability to use the upper extremities due to the six acupuncture sessions completed. On 11-8-13 the provider indicated that the condition worsened needing the patient to take Norco again (1.5 to 3/day). An additional six acupuncture sessions were requested. Available information appears to support that the additional acupuncture care, under the MTUS-AMTG (guidelines) addressed the patient's medical condition with evidence of objective functional improvement (quantifiable response to treatment) that is essential to establish the reasonableness and necessity of additional care. There is indication that the patient obtained pain reduction, better sleep and medication intake reduction, with previous acupuncture. Therefore, under current guidelines, additional acupuncture is supported as medically and necessary. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments, therefore the requested acupuncture x 6 is within guidelines, supported for medical necessity.