

Case Number:	CM14-0193652		
Date Assigned:	12/01/2014	Date of Injury:	02/14/2007
Decision Date:	01/16/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/19/2014

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 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:

This is a 35 year old male who sustained a work related injury on 2/14/2007. The mechanism of injury is not provided. Per the Primary Treating Physician's Progress Report dated 11/04/2014, he presented for a follow up visit for chronic left upper extremity pain secondary to complex regional pain syndrome. The injured worker reported pain along the left side of the neck and entire left upper extremity. The pain was described as crushing, shooting, firing, stabbing and tingling. He states that the entire extremity is very tender to touch. He reported increased depression, forgetfulness and decreased motivation. He has thought of suicide on a daily basis without a plan. Objective physical examination revealed a moderately obese, lethargic male that is in pain with suicidal ideation. There was tenderness to palpation and atrophy noted in the left upper extremity. Prior treatment has included 4/6 acupuncture sessions. He states that acupuncture has helped his pain immensely. He reports relaxation, decreased pain and improved function. Diagnoses included Reflex sympathy dystrophy and pain in joint-forearm. The plan of care included additional acupuncture, support pillow, medications and follow up with a psychologist. He was prescribed medications but did not follow up. He remains homeless and work status is permanent and stationary with permanent disability. On 11/13/2014, Utilization Review non-certified a prescription for an additional 6 sessions of acupuncture based on lack of documented functional improvement with acupuncture already received. The Acupuncture Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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 the Primary Treating Physician's Progress Report dated 11/04/2014, he presented for a follow up visit for chronic left upper extremity pain secondary to complex regional pain syndrome. Prior treatment has included 4/6 acupuncture sessions. He states that acupuncture has helped his pain immensely. He reports relaxation, decreased pain and improved function. Provider requested additional 6 acupuncture treatments which were non-certified by the utilization review. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.