

Case Number:	CM14-0193801		
Date Assigned:	12/01/2014	Date of Injury:	05/02/2008
Decision Date:	01/16/2015	UR Denial Date:	10/24/2014
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:

The injured worker is a 42 year old female who reported neck and bilateral upper extremity pain from injury sustained on 05/02/08. Mechanism of injury was not documented in the provided medical records. EMG/NCS results were unremarkable. MRI of the cervical spine dated 09/16/11 revealed C5-6 disc degeneration with disc/ osteophyte. Patient is diagnosed with bilateral carpal tunnel syndrome. Patient has been treated with physiotherapy, extensive acupuncture, physical therapy and carpal tunnel release surgery. Per acupuncture progress notes dated 08/29/14, she has benefitted from acupuncture a lot. She states that during the acupuncture sessions, she has taken much less pain medication and slept much better than with acupuncture. On Oswestry general index, she has shown significant functional improvement in areas of pain intensity, sex life, social life and traveling. Per medical notes dated 10/09/14, patient has ongoing neck and bilateral upper extremity pain. She would like some additional acupuncture. She continues to work full time pain with medication is 5/10; pain without medication is 9/10. Acupuncture alone brings the pain level down to a 5/10 without medication, with medication she is able to continue to work full time and exercise on a consistent basis. Provider requested additional 8 acupuncture treatments which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of Acupuncture for the neck, bilateral wrist splint with thumb spica (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, 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 acupuncture progress notes dated 08/29/14, she has benefitted from acupuncture a lot. She states that during the acupuncture sessions, she has taken much less pain medication and slept much better than with acupuncture. On Oswestry general index, she has shown significant functional improvement in areas of pain intensity, sex life, social life and traveling. Provider requested additional 8 acupuncture treatments. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved significant objective functional improvement to warrant additional treatment; however, requested visits exceed the quantity supported by guidelines. Per guidelines 3-6 acupuncture treatments are supported to have functional improvement. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary.