

Case Number:	CM14-0067384		
Date Assigned:	07/11/2014	Date of Injury:	01/09/2014
Decision Date:	04/17/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/12/2014

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. 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: Chiropractor, 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 is a 31 year old male, who sustained an industrial injury on January 9, 2014. He reported upper back pain, and bilateral wrists. The injured worker was diagnosed as having cervical spine sprain/strain with myospasm, tension headaches, carpal tunnel syndrome, right foot/ankle sprain/strain, and disc degeneration of the lumbar spine. Treatment to date has included physical therapy, and acupuncture. Currently, the injured worker complains of continued upper back pain with radiation into the shoulders, lower back, and back of the head. He also complains of continued bilateral wrist pain with radiation into the hands and associated numbness and tingling sensations. Additionally, he has constant right ankle pain that elicits a cracking sound, and frequent headaches. The physician report on April 17, 2014, indicates x-rays were completed. The results are not available for this review. Physical findings are noted as cervical spine has tenderness, reflexes and sensations are within normal limits. The wrists/hands have tenderness at the wrist joints, testing is positive for Tinel's and Phalen's, and full range of motion is noted. The right ankle has tenderness in the top of the foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times a week for six (6) weeks of the cervical and bilateral wrists and hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends an initial trial of 3-6 sessions with a frequency of 1-3 times per week over 1-2 months. It states that acupuncture may be extended if there is documentation of functional improvement. There was no evidence of prior acupuncture treatment. An initial trial of acupuncture may be appropriate at this time. However, the provider's request for acupuncture 2 times a week for 6 weeks for the cervical and bilateral wrist and hands exceeds the guidelines recommendation for an initial trial of 3-6 visits. The provider's request is inconsistent with the guidelines and therefore is not medically necessary at this time.