

Case Number:	CM15-0003161		
Date Assigned:	01/14/2015	Date of Injury:	07/31/2013
Decision Date:	03/11/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/07/2015

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: Physical Medicine & Rehabilitation

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 47 year old female sustained a work related injury on 07/31/2013. According to a progress report dated 11/11/2014, the injured worker had no significant improvement since her last exam. She continued to have neck pain and left upper extremity, back pain and wrist pain with numbness and tingling in the median nerve dermatomal distribution. She was undergoing acupuncture treatment. The injured worker reported that acupuncture helped her pain. Diagnoses included internal derangement of knee not otherwise specified, cervical radiculopathy, medial epicondylitis and lumbar radiculopathy. The injured worker was on temporary total disability for 6 weeks. According to an Acupuncture treatment note dated 12/01/2014, the injured worker reported a 30 percent decrease in pain for 3 days and decreased swelling of her left upper extremity after her last week's acupuncture treatment. According to a physician's progress report dated 12/03/2014, there had been some improvement since the last exam with noted improvement in function and pain with acupuncture treatments. It was not noted how that the injured worker was functionally improved and she remained on temporary total disability. On 12/16/2014, Utilization Review non-certified acupuncture for the neck and low back, 6 sessions. According to the Utilization Review physician, functional improvement had not been documented from acupuncture. The acupuncture notes reported a 30 percent decrease in pain for 3 days without indicating maintained improvement. There was no indication of diminished dependency on medical services; medication dependency remains. There was no indication of any plans to ramp down medication usage for which acupuncture would be ancillary technique. There was no documentation of the improved ability to do things. The claimant remained

temporarily totally disabled without any evidence of improved activities of daily living either. Guidelines cited for this review included California MTUS Acupuncture Treatment Guidelines. The 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:

Acupuncture for the neck and low back; 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, pages 8-9.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support continued acupuncture. The patient remains totally temporarily disabled from the acupuncture treatment visits already rendered for this injury with unchanged severe pain symptoms and clinical findings without improved objective ADLs. There is no demonstrated functional improvement derived from treatment completed. The Acupuncture for the neck and low back; 6 session is not medically necessary and appropriate.