

Case Number:	CM15-0008909		
Date Assigned:	01/26/2015	Date of Injury:	10/01/1998
Decision Date:	03/12/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/15/2015

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: 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 52 year old female, who sustained an industrial injury on 10/01/1998. She has reported pain in the bilateral upper extremities and neck. The diagnoses have included thoracic sprain/strain; repetitive strain injury; bilateral thoracic outlet syndrome; myofascial pain syndrome; and lateral epicondylitis. Treatment to date has included medications, chiropractic sessions, and electro-acupuncture sessions. Medications have included Lyrica. A progress note from the treating physician, dated 12/18/2014, documented a follow-up visit with the injured worker. The injured worker reported pain in the bilateral upper extremities and neck; worsening burning sensation in her hands; and using Lyrica is beneficial. The injured worker requested more electro-acupuncture treatment as it has helped her. Objective findings included normal gait; and no assistive devices used for balance and ambulation. The treatment plan has included request for another 24 visits of electro-acupuncture treatment; continue Lyrica; and follow-up evaluation in 6 weeks. Her diagnoses are bilateral thoracic outlet syndrome, repetitive strain injury, myofascial pain syndrome, lateral epicondylitis, and thoracic sprain/strain. Per an acupuncture note dated 12/16/14, the claimant has had 5 visits of acupuncture and is feeling a little better. On 01/07/2015 Utilization Review noncertified 1 prescription of 24 Acupuncture. The MTUS, Acupuncture Guidelines, and the ODG, Pain/Acupuncture Guidelines were cited. On 01/15/2015, the injured worker submitted an application for IMR for review of 24 Acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014 Pain/Acupuncture

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial with subjective benefits reported by the acupuncturist. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary. In fact, the provider even states that the condition is worsening.