

Case Number:	CM15-0009053		
Date Assigned:	01/27/2015	Date of Injury:	11/16/2012
Decision Date:	03/12/2015	UR Denial Date:	12/11/2014
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: 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 60 year old female, who sustained a work/ industrial injury to the upper back on 11/16/12. She has reported symptoms of tingling and numbness in the right arm, worsening tingling from the neck down into the arm. The diagnoses have included unspecified enthesopathy and tendonitis of the upper back. Treatment to date has included medication, epidural steroid injection, topical analgesic, and home exercise program. Per physical findings, the IW had positive Tinel's sign right cubital tunnel, palpable spasm bilateral scalene and trapezius muscles, decreased cervical spine range of motion flexion 35, extension 45, minimal/moderate pain and tightness, otherwise unremarkable. Acupuncture was ordered for treatment. On 12/11/14, Utilization Review non-certified (6) additional acupuncture visits 2x/week x 3 weeks for upper back region as an outpatient, noting the Medical treatment Utilization Schedule (MTUS) Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional acupuncture 2 x per week for 3 weeks for upper back region: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that extension of acupuncture care could be supported for medical necessity "If functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." The patient already underwent six acupuncture sessions without any objective improvements documented (function-ADLs improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant, quantifiable response attributable to previous acupuncture, the request for additional acupuncture is not supported for medical necessity.