

Case Number:	CM15-0131827		
Date Assigned:	07/20/2015	Date of Injury:	04/14/2014
Decision Date:	08/19/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/08/2015

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 41 year old male who sustained a work related injury April 14, 2014. An electro diagnostic studies report, dated February 23, 2015, (report present in the medical record) suggests bilateral carpal tunnel syndrome of moderate intensity. According to a primary treating physician's progress report, dated May 14, 2015, the injured worker presented for a flare-up of lower back pain. The pain is an intermittent, burning sensation and occasionally radiates to the bilateral lower extremities, heels, left greater than right and occasional numbness and tingling in the left foot. There is neck and upper back pain left greater than right, which is intermittent. Current medication included Tramadol, Gabapentin, Lidopro, and Lunesta. He reports gastrointestinal irritation after Naproxen which limits his use of the medication. MRI of the c-spine revealed right paramedial disc herniation C3-4 and C4-5, mild left sided disc protrusion of C5-6. MRI of the lumbar spine revealed left paramedian disc herniation of L5-S1. Diagnoses are cervical radiculitis; cervical and lumbar sprain, strain; lumbosacral or thoracic neuritis or radiculitis, unspecified; myofascial pain; chronic pain syndrome. Treatment included continue medications, continue psychotherapy, continue TENS unit as needed, and bilateral wrist splints. At issue is the request for 6 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture sessions for the cervical spine, lumbar spine and bilateral CTS: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Functional improvement.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self care, among others) the acupuncture trial requested for pain management and function improvement is supported by the guidelines. The MTUS (guidelines) note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The guidelines also states that extension of acupuncture care could be supported for medical necessity based on function improvement obtained with the trial. Therefore the request for six acupuncture sessions is within guidelines, appropriate, and medically necessary.