

Case Number:	CM15-0139757		
Date Assigned:	07/29/2015	Date of Injury:	06/01/2009
Decision Date:	09/01/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/20/2015

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 (n) 56-year-old female, who sustained an industrial injury on 6-1-09. She reported pain in her neck and bilateral wrists. The injured worker was diagnosed as having radial styloid tenosynovitis and wrist sprain. Treatment to date has included a TENs unit, a wrist brace, acupuncture x 14 sessions and a cervical MRI on 3-13-15 showing cervical degenerative disc disease. Current medications include Voltaren gel, Celebrex, Flexeril, Lidocaine cream, Tramadol, Lyrica and Hydrocodone. As of the PR2 dated 6-25-15, the injured worker reported completing six sessions of acupuncture with pain relief. She rates her pain before acupuncture a 7-8 out of 10 and after acupuncture a 4-5 out of 10. Objective findings include a positive Finkelstein's test in both wrists and restricted range of motion due to pain. The treating physician requested addition acupuncture x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture x 6: 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 guidelines states that acupuncture may be extended with documentation of functional improvement. There patient completed 14 acupuncture sessions. The patient completed 8/8 acupuncture on 3/12/2015. The Oswestery score was 24 after the eighth visit compared to 38% after the first visit. The patient had 14% improvement in function measured by the disability scale. The patient finished another 6-acupuncture session on 6/25/2015. The patient was re-evaluated and received a 34% disability score on the neck Oswestery. Although there was improvement from the initial 8-acupuncture session, there was no improvement following the sixth additional acupuncture session. Based on the lack of improvement from the recent 6-acupuncture session, additional acupuncture session is not warranted at this time. The provider's request for 6 additional acupuncture sessions is not medically necessary and appropriate at this time.