

Case Number:	CM15-0140512		
Date Assigned:	07/30/2015	Date of Injury:	01/25/2010
Decision Date:	08/28/2015	UR Denial Date:	07/02/2015
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:

This 45 year old female sustained an industrial injury to bilateral upper extremities and neck on 1-25-10. Previous treatment included acupuncture (six sessions), paraffin wax and medications. The number of previous acupuncture sessions was unclear. In an acupuncture consultation report dated 2-12-15, the injured worker complained of neck pain with radiation down to her shoulders, rated 6 out of 10 on the visual analog scale. In an acupuncture progress report dated 3-17-15 complained of neck pain with radiation down the shoulder, right elbow and left wrist. The injured worker reported that her neck pain went down to between 4 and 5 out of 10 on the visual analog scale. The injured worker reported that acupuncture made her condition more manageable during the day and helped her to sleep better at night. In a PR-2 dated 6-29-15, the injured worker complained of neck pain rated 8 out of 10 on the visual analog scale associated with numbness and tingling in her fingers. The injured worker reported no change in finger inflammation despite use of paraffin wax. Physical exam was remarkable for left hand with swelling, tenderness to palpation and painful range of motion. Current diagnoses included cervicobrachial syndrome, chronic pain syndrome, lateral epicondylitis, DeQuervain's tenosynovitis, cervicalgia and long term use of other medications. The physician noted that the injured worker had a high level of pain with frequent flare ups related to inflammation and muscle deconditioning. The treatment plan included continuing use of paraffin wax treatments and requesting authorization for six sessions acupuncture and hand therapy. Per a Pr-2 dated 3/30/15, the claimant states that acupuncture helped her relieve pain for 4 hours after the therapy. Her neck and elbow pain continues to be worse some days with severe pain. She has acupuncture

sessions authorized and is starting on Thursday. She is working with 5 days a week and 6 hours per day. Per a PR-2 dated 5/11/2015, the claimant has completed acupuncture. It helped her when she has acupuncture but after completion of therapy the pain returns. Work status remains the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for 6 sessions for the bilateral forearms and cervical spine: Upheld

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

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 of unknown quantity and duration and had temporary subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.