

Case Number:	CM15-0182711		
Date Assigned:	09/23/2015	Date of Injury:	02/25/2014
Decision Date:	11/02/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/17/2015

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 36 year old female who sustained an industrial injury on 2-25-14. The injured worker reported pain in the neck with radiation to the right arm. A review of the medical records indicates that the injured worker is undergoing treatments for cervical disc herniations with stenosis and right carpal tunnel. Medical records dated 8-6-15 indicate neck pain rated at 7 out of 10. Provider documentation dated 8-6-15 noted the work status as temporarily partially disabled. Provider documentation dated 8-6-15 noted "pain has improved somewhat over the past two weeks; however, her pain continues to be severe at times." Treatment has included status post right carpal tunnel release (1-21-15), at least 12 sessions of hand therapy, at least 2 sessions of physical therapy for the neck, nonsteroidal anti-inflammatory drugs, Hydrocodone since at least March of 2015, Soma, acupuncture treatment, cervical spine magnetic resonance imaging (5-14- 15), Ultracet, Flexeril, Gabapentin, electromyography and nerve conduction velocity study (November 2014). Objective findings dated 8-6-15 were notable for C6-C8 dermatomes with decreased sensation, right wrist with pain upon range of motion. The original utilization review (8/21/2015) approved a request for acupuncture 1 time a week for 8 weeks - neck. Acupuncture notes were submitted for 8/28/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x week x 8 weeks Neck: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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 authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. The claimant has had at least one acupuncture visit. If this is a request for an initial trial, 8 visits exceeds the recommended guidelines for an initial trial. Therefore 8 further acupuncture visits are not medically necessary.