

Case Number:	CM15-0188785		
Date Assigned:	09/30/2015	Date of Injury:	03/07/2014
Decision Date:	11/09/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/25/2015

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 female, with a reported date of injury of 03-07-2014. Her date of birth was not indicated in the medical records provided. The diagnoses include cervical sprain and strain, myofascial pain syndrome, carpal tunnel syndrome, and De Quervain's tenosynovitis. Treatments and evaluation to date have included Lyrica (discontinued), Celebrex, acupuncture, and physical therapy. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 03-05-2015 indicates that the injured worker complained of bilateral shoulder, wrist, neck, and mid back pain. It was noted that she completed acupuncture and physical therapy. It was also noted that the acupuncture helped initially, but not at the end. The injured worker was not sure if she received long-term benefit from it. The injured worker had pain when reaching such as tying shoes, typing, handwriting, hold bike handlebars, or reaching when shopping or pushing the cart. The injured worker was currently receiving temporary disability benefits. The physical examination showed a depressed mood; normal sitting and standing posture; normal transitions from sit to stand; full cervical spine range of motion, but guarded and painful; normal cervical paravertebral muscles; no spinal process tenderness; no pain in the neck musculature or radicular symptoms in the arm with Spurling's maneuver; restricted bilateral shoulder range of motion with pain at end ranges; tenderness to palpation in the rhomboid muscles; tenderness in the trapezius muscles; no limitation in bilateral elbow range of motion; tenderness to palpation of the bilateral lateral epicondyle; positive bilateral Tinel's sign; positive Tinel's sign in the right wrist; positive right wrist Phalen's sign; restricted range of motion of the left wrist; and tenderness to palpation of the

left wrist. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested acupuncture two times a week for three weeks for the cervical spine. On 09-04-2015, Utilization Review (UR) non-certified the request for acupuncture two times a week for three weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional capacity evaluations (FCE).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of September 4, 2015 denied the treatment request for six acupuncture visits to manage reported residuals in the cervical spine area citing CA MTUS acupuncture treatment guidelines. The reviewed medical records did not address the patient's past medical history of acupuncture care and what functional benefit arose from said application. Although the medical records did address excellent progress with acupuncture management, the medical necessity to pursue additional care was not supported by evidence of prior functional improvement with applied care. The medical necessity for an additional course of acupuncture care, six visits to the cervical spine was not supported by the reviewed medical records or compliant with the prerequisites for additional acupuncture management per CA MTUS acupuncture treatment guidelines. Therefore, the request is not medically necessary.