

Case Number:	CM15-0189007		
Date Assigned:	10/01/2015	Date of Injury:	06/01/2010
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
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 52-year-old female who sustained an industrial injury on 6-1-10. The injured worker reported upper extremity discomfort with radiation to the shoulder and neck. A review of the medical records indicates that the injured worker is undergoing treatments for cervicobrachial syndrome and carpal tunnel syndrome bilateral upper limbs. Medical records dated 10-8-15 indicate "shocking-type pain." Provider documentation dated 10-8-15 noted the work status as "no lifting more than 5 pounds, no repetitive work". Treatment has included transcutaneous electrical nerve stimulation unit, Lyrica, Gabapentin, upper extremity electromyography, Lidoderm patches, Motrin, Voltaren Gel, Celebrex, elbow braces, Ketamine cream and at least 36 sessions of acupuncture treatment. Objective findings dated 10-8-15 were notable for cervicobrachial region with spasm and guarding, tenderness to palpation in the cervical paraspinal and trapezius musculature bilaterally, limited bilateral shoulder range of motion, decreased sensation in bilateral hands. The treating physician indicates that the urine drug testing result (date) showed no aberration. The original utilization review (9-17-15) denied a request for Acupuncture, Left Upper Extremity, 2 times weekly for 6 weeks, 12 sessions and Acupuncture, Right Upper Extremity, 2 times weekly for 6 weeks, 12 sessions. Per a PR-2 dated 10/8/2015, the provider claims the claimant has never received any acupuncture and modified the request to a six-session trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Left Upper Extremity, 2 times weekly for 6 weeks, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. The provider states that the claimant has not had acupuncture and modified his request to six visits. However, this review is for twelve visits as requested. Twelve visits of acupuncture are not medically necessary.

Acupuncture, Right Upper Extremity, 2 times weekly for 6 weeks, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. The provider states that the claimant has not had acupuncture and modified his request to six visits. However, this review is for twelve visits as requested. Twelve visits of acupuncture are not medically necessary.