

Case Number:	CM15-0195739		
Date Assigned:	10/09/2015	Date of Injury:	09/26/2000
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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: 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 59 year old female who sustained an industrial injury on 09/26/2000. Medical records indicated the worker was treated for chronic pain, cervical strain-sprain, fibromyalgia, depression, complex regional pain syndrome in the bilateral upper extremities, constipation, and she was status post bilateral carpal tunnel release. She has chronic nausea. 09-03-2015 the worker reported pain that radiates down both upper extremities accompanied by numbness frequently to the level of the hands to the level of the wrists. Pain is described as aching and electric. She has low back pain that radiates down the bilateral lower extremities and aggravated by activity and walking. The worker complains of frequent low back muscle spasms. She has constant upper extremity pain. Pain is bilaterally in the fingers, hands and wrists and is aggravated by activity and hand function. The pain is described as aching and throbbing and is accompanied by numbness and tingling. The pain is rated as a 6 on a scale of 0-10 on average with medications since last visit. Pain is rated as 8 on a scale of 0-10 without medications, and the pain is unchanged since last visit. On exam, there tenderness noted on palpation of the cervical spine at the bilateral paravertebral muscles of C4-6 area. Range of motion was moderately limited due to pain. There was decreased touch sensation in the bilateral upper extremities with decreased strength in extensor muscles bilaterally. The worker is not currently working. She does continue a home exercise program. She has completed prior acupuncture therapy and reports improved pain control and functional improvement. No Acupuncture treatment documentation is found in the medical records presented. Her medications include Ondansetron, pantoprazole, Senna/docusate, Apap/codeine, Gabapentin, Tizanide, and Duloxetine. A request for authorization was submitted for Acupuncture 1x week x 4 weeks for the Cervical Spine. A utilization review decision 09/24/2015 non-approved the request in its entirety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x week x 4 weeks for the Cervical Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: On 09-03-15 the provider indicates that pos-acupuncture, the patient reported significant benefits like increased functional improvement, increased tolerance to exercising, increased range of motion, sleeping pattern etc. Available information appears to support that the additional acupuncture treatment requested, under the MTUS (guidelines) is addressing the patient's medical condition with evidence of objective functional improvement (quantifiable response to treatment) that is essential to establish the reasonableness and necessity of additional care. Therefore, under current guidelines, the continuation of acupuncture treatment x 4 is supported as medically and necessary.