MAXIMUS Federal Services

Case Number:	CM15-0203339		
Date Assigned:	10/20/2015	Date of Injury:	02/01/2013
Decision Date:	12/03/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/15/2015

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 29 year old female, who sustained an industrial injury on 2-1-13. The documentation on 8-27-15 noted that the injured worker has complaints of bilateral upper extremity pain and neck and thoracic spine pain. The documentation noted that the injured worker was last seen on 8-3-15 and denies significant changes since her last visit. The documentation noted that the injured worker is able to ambulate without difficulty and has some significant trapezius myofascial tenderness bilaterally with jump signs to deep palpation in the trapezius and levator scapula muscle regions. There is no noticeable edema or skin changes in the neck, upper backed and shoulders and arms. The diagnoses have included possible thoracic outlet syndrome bilaterally and bilateral upper extremity pain with possible neuritis. Treatment to date has included acupuncture has been very helpful; Cymbalta with excellent benefit for her symptoms; Lyrica at bedtime has been very helpful; Flexeril at bedtime and Lidoderm patches have been very helpful I improving her ability to sleep and to decrease her muscle spasms and pain during the day. Work status is documented as no repetitive use of the upper extremities with no lifting over 5 pounds. The original utilization review (9-15-15) non-certified the request for additional acupuncture for the bilateral upper extremities x8. Per a PR-2 dated 9/30/15, acupuncture has helped the claimant with pain control, helped her be more functional around the house including the ability to do more activities of daily living including cooking, cleaning, being able to grocery shop, get to her doctor's appointments and have better quality of life. Acupuncture has also allowed her to do some exercise and be more functional without needing increased amounts of medication. The acupuncture has been very helpful for her in the past and

she should continue to be able to get this therapy to help maintain her functionality and quality of life.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture for the bilateral upper extremities x8: Upheld

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

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 extensive acupuncture of unknown quantity and duration since 2013. She has some reported benefits in reduction of medications and increase of activities. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.