

Case Number:	CM15-0205496		
Date Assigned:	10/22/2015	Date of Injury:	02/28/2014
Decision Date:	12/08/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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 55 year old female, who sustained an industrial-work injury on 2-28-14. She reported initial complaints of right shoulder, neck, bilateral wrist pain. The injured worker was diagnosed as having neck sprain-strain, wrist sprain-strain, lumbar sprain-strain, unspecified derangement shoulder region, pain in soft tissues of limb, and carpal tunnel syndrome. Treatment to date has included medication, acupuncture sessions (helpful in reducing pain, able to take less meds), and diagnostics. Currently, the injured worker complains of pain in the cervical region as well as the bilateral wrists. Per the primary physician's progress report (PR-2) on 9-30-15, the claimant has completed acupuncture with reduction of pain. She was able to take less medications with acupuncture. She has severe stenosis in her cervical spine and acupuncture helps reduce pain and allows her to function while awaiting to see a spine surgeon. Exam noted spasm in the paraspinal muscles and tenderness in the cervical spine, reduction of sensation in both hands, range of motion is restricted, normal muscle testing and reflexes, negative orthopedic testing. The wrists have tenderness with palpation, normal range of motion, positive Tinel's. Lumbar area has spasm in the paraspinal muscles, tenderness to palpation, and reduction of sensation in both feet, normal muscle testing and reflexes, and positive sitting straight leg raise bilaterally and normal heel-toe walking. Current plan of care includes additional acupuncture treatments since it is helping her with improved function. She continues to take meds as before (Carisoprodol, Omeprazole, Tramadol, and Ketoprofen), and await evaluation by a hand surgeon. The Request for Authorization requested service to include Acupuncture 3x a week for 4 weeks for the bilateral wrists, cervical spine and right shoulder. The Utilization Review on 10-6-15 denied the request for Acupuncture 3x a week for 4 weeks for the bilateral wrists, cervical spine and right shoulder, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Acupuncture Treatment 2007.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x a week for 4 weeks for the bilateral wrists, cervical spine and right shoulder: 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 of unknown quantity and duration and had pain relief and reported reduction of medication usage. However, actual medication use remained unchanged. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.