

Case Number:	CM15-0031641		
Date Assigned:	02/25/2015	Date of Injury:	07/14/2014
Decision Date:	04/06/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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 male who sustained an industrial injury on 07/14/2014. Diagnoses include cervical radiculopathy, myofascial pain syndrome and right shoulder syndrome. Treatment to date has included medications, use of a TENS Unit, home exercise program, and acupuncture. A physician's hand written progress note dated 01/06/2015 documents the injured worker has decreased neck range of motion by 10% in all planes. There is spasm in the right trapezius, and trigger points in the right trapezius. Nerve conduction study done on 07/31/2014 showed equivocal right C7 radiculopathy, and severe right greater than left sensory motor carpal tunnel syndrome without denervation. Treatment requested is for acupuncture 2 x a week for 4 weeks. On 01/29/2015 Utilization Review non-certified the request for acupuncture 2 x a week for 4 weeks and cited was California Medical Treatment Utilization Schedule (MTUS).

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT Acupuncture 2 Times A Week for 4 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Eight acupuncture sessions were already rendered without any reported benefits. As the patient is not presenting a flare up of the condition, no re-injury was reported, and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided, additional acupuncture will not be supported for medical necessity by the guidelines-MTUS. In addition the request is for acupuncture x 8, number that exceeds the guidelines without any extraordinary circumstances described to support such request. Therefore, the additional acupuncture x 8 is not supported for medical necessity.