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| Case Number: | CM15-0040273 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 11/30/2011 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 02/10/2015 |
| Priority: | Standard | Application Received: | 03/03/2015 |

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 58 year old female, who sustained an industrial injury on 11/30/2011. She has reported neck pain that radiated down left upper extremity and aggravated by activity. The diagnoses have included cervical discopathy, left shoulder internal derangement, left cupital syndrome, and left carpal tunnel syndrome. Treatment to date has included medication therapy and cervical steroid injection with reported greater than 80% improvement in pain, and acupuncture treatments. Currently, the Injured Worker complains of constant cervical pain rated 7/10 VAS associated with left upper extremity numbness and tingling. The physical examination from 1/13/15 documented cervical tenderness and muscle spasms, and numbness and tingling in the C5-6 distribution. The left upper extremity revealed a positive impingement signs, positive Tinel's, and Phalen's tests, pain with terminal motion and diminished sensation of radial digits. The plan of care was for additional acupuncture treatments, an ergonomic workstation, and medication therapy. Six acupuncture sessions were authorized on 8/26/14 for the cervical spine and left upper extremity. Per a PR-2 dated 9/17/2014, the claimant has had 1 acupuncture visits. Her ADL limitations are hand function and she is working with modifications. She is unchanged from her last visit. Per a Pr-2 dated 10/29/2014, the claimant has neck pain, low back pain, and upper extremity pain. The claimant has completed 5 sessions of acupuncture with benefit. She is sleeping better with increased energy. She is able to take less medication and continue working full time. Her activity limitations are activity and hand function. There is no change in documented medications or work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to cervical spine, 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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 trial and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. In fact, activity limitations increased and there was no objective change in work restrictions and medications. Therefore further acupuncture is not medically necessary.

Acupuncture to Left Upper Extremity, 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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 trial and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. In fact, activity limitations increased and there was no objective change in work restrictions and medications. Therefore further acupuncture is not medically necessary.