MAXIMUS Federal Services

Case Number:	CM15-0045386		
Date Assigned:	03/17/2015	Date of Injury:	11/08/2007
Decision Date:	04/23/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/10/2015

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 56 year old female, who sustained an industrial injury on November 8, 2007. She reported a repetitive injury. The injured worker was diagnosed as having occipital neuralgia, history of cervical spine fusion, right subacromial bursitis, left carpal tunnel syndrome, right carpal tunnel syndrome, and right ulnar nerve entrapment at elbow, left ulnar nerve entrapment at elbow, lumbar muscle strain, and cervical radiculopathy. Treatment to date has included acupuncture, electrodiagnostic studies, magnetic resonance imaging, bilateral carpal tunnel and cubital tunnel releases, cervical fusion, right shoulder steroid injections, physical therapy, occipital nerve block, and bilateral trigger point injections. On February 26, 2015, she was seen by the primary treating physician with primary complaint on this visit being pain of the right shoulder, neck and face. The provider reports future medical care of: episodic physical therapy or chiropractic care for flare-ups, home strengthening exercises, medications as needed for symptoms, repeat imaging as needed, epidural steroid injections, and occupational therapy as needed. The records indicate a magnetic resonance imaging of the right shoulder was done on September 26, 2013, and reveals bursitis. A magnetic resonance imaging of the cervical spine on March 26, 2012 reveals degenerative disc at C5-6. She reported physical therapy and past acupuncture have helped to reduce her need for pain medications. The current treatment is listed as: continue Amitriptyline, continue and refill Norco 5/325, continue Flexeril 10mg, continue Gabapentin 600mg, continue Carbamazepine 200mg, continue Lidoderm patch, recheck liver function and other laboratory evaluations every 2-3 months, discontinue medications as needed

for adverse side effects, restricted activities such as no driving. The request is for acupuncture, additional treatment and evaluation, 2 times weekly for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, additional treatment and evaluation, 2 times per week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline states that acupuncture may be extended if there is documentation of functional improvement. The patient complained of neck, face, and right shoulder pain. The provider noted that physical therapy and acupuncture in the past helped to reduce for the need of pain medications. There was no documentation of which medications were reduced and the quantity of reduction. In addition, there was no objective documentation of functional improvement from prior acupuncture treatments. Therefore, additional acupuncture 2 times a week for 3 weeks is not medically necessary at this time.