

Case Number:	CM15-0045914		
Date Assigned:	03/18/2015	Date of Injury:	08/01/2013
Decision Date:	04/24/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/11/2015

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 71 year old female, who sustained an industrial injury on August 1, 2013. The mechanism of injury is unknown. The injured worker was diagnosed as having severe left foraminal narrowing at C4-5, severe right and moderate left foraminal narrowing at C5-6, severe bilateral foraminal narrowing at C6-7 level secondary to uncovertebral hypertrophy, hand pain with suspected carpal tunnel syndrome, multilevel degenerative changes in wrists, shoulder limited range of motion and tenosynovitis of flexor tendons in hands. Treatment to date has included diagnostic studies, acupuncture, exercise and medication. On February 18, 2015, the injured worker complained of radiating pain from her hand to her neck and shoulders. Her acupuncture treatment was noted to reduce the pain by 50%. Her activities of daily living remain limited by her chronic pain but are tolerated with her current medications. The treatment plan included acupuncture and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 to the neck and bilateral hands: 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 with documentation of functional improvement. The provider noted that the patient has over 50% improvement in her neck pain and activity tolerance with weekly acupuncture therapy. There was no objective of functional improvement from prior acupuncture session. Therefore, the provider's request for 6 additional acupuncture sessions to the neck and bilateral hands is not medically necessary at this time.