

Case Number:	CM15-0080065		
Date Assigned:	05/01/2015	Date of Injury:	06/15/2003
Decision Date:	06/02/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/27/2015

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 51 year old female who sustained an industrial injury on June 15, 2003. Previous treatment includes acupuncture and medications. Currently the injured worker complains of right upper extremity pain with associated numbness and tingling. Diagnoses associated with the request include chronic pain syndrome, carpal tunnel syndrome and chronic post-operative pain. The treatment plan includes continued acupuncture and medications. Six acupuncture visits were approved on 3/24/2015. Per a report dated 5/1/2015, the claimant continues to improve in pain control and functioning with acupuncture. Once a week acupuncture results in little to no pain medication. With acupuncture she does not need to use opioids for pain. Without acupuncture she has to use 3 tabs of tylenol and with acupuncture she only has to take 2 tabs of tylenol. Per a Pr-2 dated 12/26/2014, the claimant has gone to six acupuncture appointments and it is helping her with pain, numbness and tingling. She is taking 1-2 tabs of tylenol a day for pain. Per a PR-2 dated 4/19/2013, the claimant is not doing "so good." The pain is increased and she is taking 4-6 per day compared to 3 per day with acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of Acupuncture treatment for the right upper extremity: 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 of unknown quantity and duration and had benefits in reduction of medication. However, despite extensive acupuncture since at least 2013, the claimant's is still reliant on pain medication. The claimant appears to be a taking a higher dose than she was six months ago. Since, the provider fails to document sustained functional improvement and reduction of dependence on medical treatment, associated with acupuncture treatment, further acupuncture is not medically necessary.