

Case Number:	CM14-0110727		
Date Assigned:	08/01/2014	Date of Injury:	09/12/2007
Decision Date:	10/01/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52 year old male whose date of injury is 09/12/07 when he was working as a driller and lifted a drill sustaining an injury to his upper back/cervical spine. Treatment is noted to have included epidural steroid injections, facet injections, physical therapy and pain management. Medications include Oxycodone/APAP, Fentanyl, Carisoprodol, and Gabapentin. Per office visit note dated 06/25/14 opioid pain medication prescription was stopped since the injured worker had two urine drug tests that were positive for medications not being prescribed indicating non-compliance with policy and opioid contract. His symptoms are reported to have been worsening and the pain in his cervical spine increased with shooting to the right arm. Electrodiagnostic testing from 05/19/14 indicates the injured worker has severe right sided carpal tunnel syndrome and ulnar nerve compression. On physical examination the injured worker demonstrated active range of motion of the cervical spine is decreased by 40% in all planes. Right side facet loading was positive, and sensory deficits were noted in the C6-7, C7-T1 dermatomes. Right arm strength was 4/5. There was tenderness to palpation in the right trapezius. Motor exam reported 4/5 strength in the right and left upper extremity. Acupuncture for the injured worker's neck and arm pain was recommended. Per utilization review dated 07/09/14 treatment modification was agreed to for acupuncture 1xweek x 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the neck and arm, once weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 8-9.

Decision rationale: CA MTUS provides that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The injured worker has persistent neck pain shooting into the right upper extremity. It was noted that the injured worker has had no prior acupuncture treatment, and an initial trial of 6 visits was authorized per utilization review determination dated 07/09/14. Most recent progress note submitted for review is dated 08/07/14 and indicates that the injured worker is awaiting scheduling for acupuncture which was recently approved. There is no subsequent documentation that the injured worker has completed the initial 6 acupuncture sessions and, if so, his response to treatment. It is unclear if the request under consideration is for the initial request which was approved as a treatment modification on 07/09/14, or if this is for additional acupuncture treatment. Therefore, the request for Acupuncture for the neck and arm, once weekly for six weeks, is not medically necessary or appropriate.