

Case Number:	CM14-0122689		
Date Assigned:	09/16/2014	Date of Injury:	05/02/2008
Decision Date:	10/16/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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 Chiropractic, has a subspecialty in Acupuncture, and is licensed to practice in California. 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 patient is a 42 year old female with a date of injury of 5/02/2008. According to the progress report dated 6/20/2014, the patient complained of neck, left upper extremity, and bilateral elbow pain. There were no significant changes in the objective findings. The patient was diagnosed with a history of bilateral carpal tunnel release with persistent carpal tunnel symptoms, chronic neck and bilateral upper extremity pain, and left shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for four weeks for neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines recommend acupuncture for chronic pain. They state that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient had prior acupuncture session. The acupuncture provider stated that the patient had completed 8 acupuncture sessions since 2/14/2014 and according to the Owestry General Index she has not shown any functional improvements. The patient states that acupuncture helps with pain and that even though her workload was increased there was no

aggravations of her symptoms. The primary treating physician states that acupuncture allows her to experience less pain and allow her to work. The reviewer certified 4 of the 8-requested acupuncture sessions. There was no documentation of the outcome of the 4 certified acupuncture visits. In addition, the acupuncture provider stated that the patient has not shown any functional improvement. Therefore, the provider's request for 8 additional acupuncture sessions to the neck is not medically necessary at this time.