

Case Number:	CM14-0125512		
Date Assigned:	08/11/2014	Date of Injury:	08/30/2012
Decision Date:	10/09/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/07/2014

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 & 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 injured worker is a 37 year old female who reported pain in the upper bilateral extremities and neck from injury sustained on 08/30/12. Mechanism of injury was not documented in the provided medical records. X-ray of the spine conducted on 02/10/14 shows no abnormalities. MRI of the right elbow dated 03/13/14 revealed trace subcutaneous edema adjacent to the medial epicondyle. EMG dated 10/09/13 revealed mild left ulnar palsy without denervation or conduction block; bilateral posterior primary division involvement at C7-8 more so on the right than the left. An MRI of the cervical spine dated 10/9/13 revealed straightening of the cervical spine without significant listhesis; focal T2 hyper intensity within the T1, T2 and T3 vertebral bodies are most consistent with hemangiomas; C7 transverse processes have a slightly elongated appearance; there is disc desiccation and disc space height loss most prominent at C5-6 and C6-7; C5-6 there is a small posterior disc osteophyte complex which partially effaces the ventral CSF without cord contact; mild left uncinat spurting which causes mild neural foraminal narrowing. Patient is diagnosed with chronic pain syndrome and neuropathic pain of upper extremity; bilateral. Patient has been treated with medication, physical therapy, chiropractic treatment, compound cream, occupational therapy, acupuncture treatment and has been provided an ergonomic workstation. Per notes dated 06/27/14, patient complains of worsening symptoms due to increased workload. Primary treating physician requested 8 visits. Patient has had prior acupuncture treatment however there is no documented functional improvement. Patient has had an unknown number of previous acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary.