

Case Number:	CM14-0132405		
Date Assigned:	08/22/2014	Date of Injury:	08/03/2012
Decision Date:	12/17/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/19/2014

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 Family Medicine, 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 48-year-old female who reported an injury on 08/03/2012. The mechanism of injury was not provided. Her diagnoses were noted to include bilateral wrist carpal tunnel syndrome and cervical spine sprain/strain. Her past treatments were noted to include medication and acupuncture. The MRI of the cervical spine on 08/11/2014 revealed a left foraminal disc protrusion at C6-7 and central canal narrowing at C3-4. During the assessment on 08/05/2014, the injured worker complained of moderate to severe pain in the bilateral wrists and cervical spine. She described pain as sharp with numbness and weakness. She rated her pain with medications a 4/10 and a 5/10 to 6/10 without medications. She stated that the pain relief with medication lasted for 1 to 2 hours. The physical examination of the bilateral wrists revealed moderate atrophy for the left and the right wrist. The examination of the cervical spine revealed tenderness to palpation. Her medication was noted to be naproxen sodium 550 mg. The treatment plan was to continue with medication, continue home exercise, and request authorization for acupuncture 2 times a week for 3 weeks for the bilateral wrists and cervical spine. The rationale for the request was not provided. The Request for Authorization form was dated 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture treatment with infra lamp/medical supply/kinesio tapes for the cervical spine and bilateral wrists #6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Chapter, Acupuncture

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for additional acupuncture treatment with infra lamp/medical supply/kinesio tape to the cervical spine and bilateral wrists #6 is not medically necessary. The California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The injured worker was noted to have had acupuncture treatments in the past. There was a lack of adequate information regarding whether or not the injured worker had benefited from past acupuncture treatments, or if there were any functional improvements made. Additionally, the number of completed acupuncture visits was not provided, making it difficult to determine if the request exceeds the guideline recommendation. Given the above, the request for additional acupuncture treatment with infra lamp/medical supply/kinesio tape to the cervical spine and bilateral wrists #6 is not medically necessary.