

Case Number:	CM14-0132652		
Date Assigned:	08/22/2014	Date of Injury:	04/04/2014
Decision Date:	11/10/2014	UR Denial Date:	08/04/2014
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 licensed in Chiropractic 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:

According to the available medical records, this is a 56 year old male with complaints of pain in the thoracic, lumbar, hand and wrists with a date of injury on 04/04/2014. Previous treatments include medications, acupuncture, chiropractic, massage and physiotherapy. Progress report dated 07/11/2014 by the treating doctor revealed patient complains of constant sharp pain in the neck and left shoulder, 7/10, constant sharp pain in the right shoulder and head, 7/10, the pain is radiating to the bilateral elbow and bilateral hand fingers with numbness, tingling (pins and needles), and weakness in bilateral hands, pain is worse with constant sitting, repetitive neck bending, neck twisting, lifting, carrying, hand and arm movement, and overhead reaching, pain in the low back and bilateral knees that is worse with constant standing, crouching, squatting, waist bending, twisting, prolonged standing, walking on uneven surfaces, lifting and carrying. In addition, the patient experienced headaches, dizziness, difficulty sleeping, depression and anxiety. There has been no change in his symptoms since last visit. Examination of the cervical spine revealed decreased range of motion (ROM) due to pain in all places. Examination of the shoulders revealed decreased ROM due to pain in all planes. Examination of the lumbar spine revealed decreased ROM due to pain in all planes. Diagnoses include thoracic pain, lumbar pain, lumbar radiculitis, and hand/wrist derangement. Acupuncture treatments 2 times 6 for the head are requested. The patient is on temporary total disability. Treatment soap note dated 07/11/2014 by the acupuncturist revealed patient with thoracic pain, lumbar pain and bilateral wrist pain that described as dull, achy and throbbing, 5/10, with numbness, tingling, swelling. Thoracic spine tender to palpation, ROM decreased and weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for headaches #12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Education/Exercise.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant presents with ongoing pain in the neck, thoracic, lumbar, shoulders, wrists and hands despite previous treatment with medications, chiropractic and acupuncture. Reviewed of the medical records did not show any direct injury to the head, there is no red flags, there is no objective findings that warrant a medical management of the head. The treatment records from the acupuncturist did not document any head complaints or headaches complaint. The request for 12 visits also exceeded the guideline recommendation for acupuncture treatments. Therefore, it is not medically necessary.