

Case Number:	CM14-0099099		
Date Assigned:	07/28/2014	Date of Injury:	01/06/2006
Decision Date:	10/03/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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, 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 injured worker is a 75 year old male who reported neck, upper extremity and low back pain from injury sustained on 01/06/06 due to cumulative trauma. MRI of the cervical spine dated 08/05/09 revealed multilevel disc bulges and protrusions with central stenosis. X-rays of the cervical spine revealed reversal of the curvature, severe disc degeneration and spondylosis. Electrodiagnostic studies dated 06/06/14 revealed moderate to moderately severe chronic denervation compromise of right C5,6,7 and left C6,7 nerve root; borderline to mild compromise to the right; left medians, ulnar and radial sensory findings about the wrist. Patient is diagnosed with cervical spondylosis with cervical protrusions and ridging; cervical radiculopathy; myospasm and myofascial trigger points; right de Quervain's syndrome and increasing right wrist symptoms. Patient has been treated with medication, physical therapy, epidural injection and acupuncture. Per medical notes dated 06/20/14, patient notes he had a ganglion cyst resected from his right wrist and now has swelling in that area. He had some benefit from acupuncture. Pain is rated at 7-8/10, characterized as throbbing in the arm and wrist; sharp in the neck and low back and numbness in the wrist. Pain limits his daily activity 60% of the time. Examination revealed muscle spasm and myofascial trigger points noted in the cervicothoracic paraspinal muscles with decreased range of motion. Provider is requesting additional acupuncture 2X5 for wrist pain. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 5 Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (Hand/wrist and forearm)>, <Insert Topic (Acupuncture)>

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". Per medical notes dated 06/20/14, patient has had acupuncture with some benefit. Provider is requesting additional 2X5 acupuncture treatments for wrist pain. 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. Additionally, requested visits exceed the quantity supported by cited guidelines. 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. Furthermore, Official Disability Guidelines do not recommend acupuncture for hand/wrist and forearm pain. Per review of evidence and guidelines, 2x5 acupuncture treatments are not medically necessary.