

Case Number:	CM14-0213956		
Date Assigned:	12/31/2014	Date of Injury:	08/08/2013
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 63 year old female who reported neck, bilateral elbow/wrists pain from injury sustained on 08/08/13 due to cumulative trauma. Patient is diagnosed with sprain of neck, brachial neuritis, cervical disc displacement, cervical spondylosis, lateral epicondylitis, and carpal tunnel syndrome. Patient has been treated with medication, physical therapy, and acupuncture. Per medical notes dated 10/15/14, patient complains of neck, bilateral elbow and wrist pain rated at 8/10. Examination revealed tender paraspinal, trapezius with spasm decreased range of motion, and lateral epicondylitis. Per medical notes dated 10/27/14, patient complains of neck pain rated at 8-9/10 present 100% of the time, bilateral elbow an wrists pain level rated at 8-9/10 present 100% of the time. Per medical notes dated 12/07/14, patient complains of experiences throbbing, dull aching pain in the neck, which is present most of the time. Patient complains of right shoulder pain which is present most of the time. Patient complains of right elbow pain which comes and goes. There is radiating pain from the right elbow into the shoulder and neck that comes and goes. She experiences pain and redness in bilateral hands, wrists, and fingers most of the time. Provider requested additional 2X3 acupuncture treatments for cervical spine and bilateral elbow/wrists which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 2 x 3 for the cervical spine and bilateral elbows/wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck; wrists, 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". Patient has had prior acupuncture treatment. Provider requested additional 2X3 acupuncture treatments for cervical spine and bilateral elbow/wrists which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Furthermore Official Disability Guidelines do not recommend acupuncture for neck, wrist/hand pain. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.