

Case Number:	CM14-0214352		
Date Assigned:	01/07/2015	Date of Injury:	12/08/2012
Decision Date:	02/28/2015	UR Denial Date:	11/19/2014
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 41 year old female who reports pain in her neck and right wrist resulting from a work related injury on 12/08/2012. Injury is a result of cumulative trauma. Patient is diagnosed with C4-C5 and C5-C6 disc herniation with radiculopathy, right wrist carpal tunnel syndrome. Per physician's notes dated 10/22/2014, patient rates her level of pain in the right hand as 5/10. She rates the pain in the right side of her neck as 6/10 and 4/10 on the left side. She complains of pain in her shoulders which she rates at 5/10. She rates the pain in the right side of her back as 6/10 and 4/10 on the left side. She rates the pain in her legs as 4/10. There is cervical spine midline tenderness, spasm and tightness over the paracervical musculature and range of motion is reduced. There is mildly positive Spurling's maneuver. There is C5 and C6 trapezius dermatome pattern sensitivity. There is bilateral upper extremities tenderness to the wrist right greater than left with decreased grip. There is positive and painful Phalen's sign and Tinel's sign and mild decreased median nerve sensation. Patient has been treated with medication, acupuncture, physical therapy, injections, wrist brace and chiropractic care. Primary treating physician requested 8 additional visits 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:

Acupuncture therapy 2x4 for the cervical spine: 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 pain, 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. 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. Requested visits exceed the quantity supported by cited guidelines. Furthermore Official Disability Guidelines do not recommend acupuncture for cervical spine. Per review of evidence and guidelines, 8 additional visits are not medically necessary.