

Case Number:	CM14-0216468		
Date Assigned:	01/06/2015	Date of Injury:	06/01/2001
Decision Date:	03/03/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/26/2014

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:

This 47 year old female sustained an injury on June 1, 2001. The mechanism of injury was not included in the provided medical records. Past treatment included acupuncture treatments, home exercise program, anti-epilepsy and topical pain medication, and a non-steroidal anti-inflammatory/proton pump inhibitor medication. On October 20, 2014, the treating physician noted the injured worker reported her chronic chest and left arm numbness was decreased by 15% with acupuncture, and there was no change in her fourth and fifth finger numbness and tingling. The physical exam revealed bilateral shoulders abduction was mildly decreased range of motion without pain, Tinel's testing caused fifth finger numbness, and full strength of the abductor digiti and flexor digitorum profundus. Diagnoses were left ulnar mononeuropathy of the elbow, T3-T9 (thoracic 3- thoracic 9) herniated discs, and costrochondral syndrome. The treatment plan included 8 additional sessions of acupuncture, and continuing her anti-inflammatory/proton pump inhibitor medication, her current new regular work, and swimming twice a week. The physician noted the injured worker remained permanent and stationary. The records refer to prior courses of acupuncture, but do not provide specific dates of service or results. On November 13, 2014, the treating physician noted the injured worker was seen in follow-up. The injured worker reported that acupuncture therapy has been one of the only things to decrease her daily pain and the numbness and tingling in her left arm. The injured worker complained of neck and thoracic pain, chest tightness, and difficulty taking a deep breath. These issues decreased her ability to perform necessary exercises or activities along with increasing her pain when performing activities of daily living such as dressing, bathing, and meal preparation.

The injured worker's current anti-inflammatory/proton pump inhibitor and topical pain medications were helpful in controlling her pain, but did not provide the generalized relief that the acupuncture provided. The physical exam and diagnoses from the previous visit was noted. The physician's recommendation included awaiting the response from an appeal for 8 additional visits of acupuncture. The physician noted the injured worker failed trials of various medications and therapies. On December 8, 2014, Utilization Review non-certified a prescription for 8 visits (once a week for 8 weeks) of acupuncture for the cervical and thoracic spines requested on December 4, 2014. The acupuncture was non-certified based on the injured worker having had a total of 74 treatments to date and the lack of evidence of functional improvement. The California Medical Treatment Utilization Schedule (MTUS), Acupuncture Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for 8 weeks for the cervical and thoracic: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline states that acupuncture may be extended if there is documentation of functional improvement. However, there was no documentation of functional improvement as defined in section 9792.20. There was no documentation of reduction in dependency on continued medical treatment. There was no documentation from the submitted documents indicating that the patient had reduced her medications. In addition, the patient received a total of 74 acupuncture sessions related to her symptoms. Based on the excessive number of acupuncture sessions received with lack of objective documentation of functional improvement, the provider's request for 8 additional acupuncture sessions is not medically necessary at this time.