

Case Number:	CM14-0032912		
Date Assigned:	06/20/2014	Date of Injury:	11/09/2010
Decision Date:	02/04/2015	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/14/2014

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 Chiropractor (DC), 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 44 year old female who reported back and upper extremity pain from injury sustained on 11/09/10 due to cumulative trauma of repetitive typing. Patient is diagnosed with cervical spine strain, bilateral carpal tunnel syndrome, bilateral lateral epicondylitis, and bilateral shoulder impingement syndrome. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 08/05/13, patient states she has occasional bilateral hand numbness which is rated at 5-6/10. Patient is also complaining of neck spasm which is rated at 8-9/10, which is controlled with medication. Per medical notes dated 01/15/14, patient is following up with exacerbation of her back pain. She is having an increased amount of neck and back spasms and decreased range of motion. She is also having increased numbness and tingling in the left wrist. Patient has had prior acupuncture treatment. Provider is requesting additional 12 acupuncture treatments for acute exacerbation under future medical, which was 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 3 x week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Acupuncture Medical Treatment Guidelines pages 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. 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. Provider is requesting additional 12 acupuncture treatments for acute exacerbation under future medical; however, requested visits exceed the quantity supported by cited guidelines.

Additionally there is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. Per review of evidence and guidelines, the request for 3x4 acupuncture treatments is not medically necessary.