

Case Number:	CM15-0117273		
Date Assigned:	06/25/2015	Date of Injury:	10/01/2006
Decision Date:	07/27/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/17/2015

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: 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 sustained an industrial injury on October 1, 2006. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of constant pain in the cervical spine, low back and frequent pain in the bilateral wrists/hands. She describes her neck pain as sharp in nature and notes that the pain is aggravated with repetitive motions of the neck, with pushing, lifting, forward reaching and working at or above the shoulder level. She reports radiation of pain to the bilateral upper extremities and has associated headaches and tension between the shoulders. She rates her neck pain an 8 on a 10-point scale. Her bilateral wrist/hand pain is characterized as throbbing and is aggravated by repetitive motions such as gripping, grasping, pushing, pulling and lifting. She rates her bilateral wrist/hand pain a 7 on a 10-point scale. On physical examination the injured worker has tenderness to palpation over the cervical paravertebral muscles with spasm. A Spurling's maneuver is positive and her range of motion is limited with pain. She has tenderness to palpation over the first dorsal compartment and volar aspect of the wrist. She has a positive Finkelstein's sign on the right wrist and a positive palmar compression test. Tinel's sign is positive over the carpal canal and her range of motion is full but painful. The diagnoses associated with the request include cervicalgia and wrist/hand pain. The treatment plan includes medications and acupuncture of the wrist/hand and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 2x4 to cervical spine and bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment". An unknown number of prior acupuncture sessions were already rendered without documentation of any objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) provided to support the appropriateness of the additional acupuncture requested. Also, the request is for acupuncture x 8, number that exceeds the guidelines criteria without compelling, extraordinary circumstances documented to override the guidelines recommendations. Therefore, the additional acupuncture is not medically necessary.