

Case Number:	CM15-0117888		
Date Assigned:	06/26/2015	Date of Injury:	04/16/2010
Decision Date:	07/29/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/18/2015

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: 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 34 year old female sustained an industrial injury to the right hand on 4/16/10. The injured worker's pain eventually increased to involving the entire right arm. Previous treatment included physical therapy, acupuncture, stellate ganglion blocks, psychiatric care, injections, H-wave, paraffin bath, three weeks of inpatient pain management, functional restoration program participation and medications. The total number of previous acupuncture sessions was not clear. In a doctor's first report of occupational injury dated 4/17/15, the injured worker complained of ongoing right arm pain rate 9/10 on the visual analog scale. The injured worker reported that her current medication regimen was providing no significant decrease in her pain. Physical exam was remarkable for right upper extremity held by a sling in a flexed position. The injured worker refused physical exam of the right arm. Current diagnoses included chronic pain syndrome, right upper extremity pain and reflex sympathetic dystrophy. The physician stated that it was difficult to provide a diagnosis for this injured worker since she was not cooperative with her evaluation. The injured worker had failed stellate ganglion blocks and rehabilitation. Her medications were not providing relief. The physician recommended management by a psychiatrist with experience in pain management and a detoxification program to discontinue her medications. The physician stated that the only treatment that he could recommend was six sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right upper extremity (six sessions over six weeks): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain. Further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. Since there is no documentation the claimant had prior acupuncture, 6 acupuncture visits are medically necessary.