

Case Number:	CM15-0127334		
Date Assigned:	07/14/2015	Date of Injury:	04/17/2014
Decision Date:	08/11/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/01/2015

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 (n) 49 year old female, who sustained an industrial injury on 4/17/14. She reported injury to her head, neck, left shoulder, right elbow, right knee and lower back after she tripped over a hose on the ground and fell. The injured worker was diagnosed as having neck pain with severe headaches, left shoulder tendinopathy, right lateral epicondylitis to right tendinitis of forearm and cervical disc disease. Treatment to date has included an EMG/NCS study on 10/21/14 showing right carpal tunnel syndrome, physical therapy with no benefit, chiropractic treatments x 24 with benefit and acupuncture x 6 sessions with significant pain relief in the right arm. As of the PR2 dated 5/27/15, the injured worker reports 5-6/10 pain without medications and 3-4/10 pain with medications. She would like to have more acupuncture as it is really improving her headaches and arm pain. Objective findings include mildly decreased cervical range of motion and full range of motion in the right upper extremity. The treating physician requested additional acupuncture x 6 sessions for the neck, headaches and right arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times 6 sessions for the neck, headache and right arm: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Under the MTUS guidelines, acupuncture is addressing the patient's medical condition with evidence of objective improvements (quantifiable response to treatment) that is essential to establish the reasonableness and necessity of additional care. There is indication that the patient obtained pain reduction, sleep pattern improvement and medication intake reduction, with prior acupuncture. The current guidelines note that the amount to produce functional improvement is 3 to 6 treatments; therefore the requested acupuncture x 6 is medically necessary.