

Case Number:	CM15-0175055		
Date Assigned:	09/16/2015	Date of Injury:	12/06/2010
Decision Date:	10/21/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/04/2015

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, Montana
 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:

The injured worker is a 61 year old female with an industrial injury dated 12-06-2010. Medical record review indicate she is being treated for flare up of cervical radiculopathy, cervical disk disease and arm tendinitis - work related. She presents on 07-22-2015 for "follow up of her chronic left cervical radiculopathy with increasing symptoms." Documentation notes she had increasing numbness and tingling when she sleeps, when she lies on her wrist and when she does any type of activity including computer and cell phone. The provider documents the injured worker has difficulty doing simple activities around the house that involve lifting anything over 5 pounds. Documentation also notes she has pain in her left shoulder whenever she does slight amounts of manual labor, lifting over 5 pounds. Medications are documented as Aleve and "occasional Nortriptyline" at hour of sleep. Physical exam is documented as limited flexion and extension of the neck with positive Spurling test bilaterally, left greater than right. Sensation was intact to light touch and pinprick. Documentation noted decreased sensation of the left hand as well as "mildly" in the right hand. Strength testing revealed 3 out of 5 strength in the mid anterior and posterior deltoid on the left and 5 out of 5 strength in the mid anterior and posterior deltoid on the right. Flexors and extensors of her forearms are documented as 5 out of 5 on the right and 4 out of 5 on the left. Tinel's sign was positive on the left and negative on the right. Grip strength is documented as 3 out of 5 on the left and 5 out of 5 on the right. The provider documents "permanent disability." The provider documents in the 07-22-2015 note: "Diagnostic imaging confirms neuropathy and degenerative disk disease in both her neck and possibly her wrists as well." The only prior treatment documented is home exercises. The record dated 07-22-

2015, prescriptions dated 07-22-2015 and request for authorization dated 08-20-2015 are the only records available for review. The request for authorization dated 08-20-2015 is for acupuncture 2 times a week for 8 weeks. On 08-27-2015 the request for acupuncture 2 x 8, neck was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 8 weeks, neck: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Per Utilization review, patient has had prior acupuncture treatment. Provider requested additional 2X8 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. 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, 2X8 acupuncture treatments are not medically necessary.