

Case Number:	CM15-0178563		
Date Assigned:	09/18/2015	Date of Injury:	04/21/2006
Decision Date:	10/28/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/10/2015

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 62-year-old male who sustained an industrial injury on April 21, 2006. Diagnoses have included cervical disc injury, cervical sprain or strain injury, right wrist tendonitis, right lateral epicondylitis, and carpal tunnel syndrome. Documented treatment includes electro-acupuncture which the injured worker had reported to be beneficial, improving pain control and functionality enabling him to work. Dates and number of treatments are not documented, but there was a prior request for authorization submitted April 2, 2015. He also is being treated with medication including MS Contin and Norco for pain. The injured worker has been reporting that his pain has been increasing in his neck and both upper extremities. The physician examination August 20, 2015 revealed mild cervical paraspinous tenderness upon palpation with myofascial tightness, equal upper extremity deep tendon reflexes, and tenderness on his right wrist. There was no documentation provided relating to pain ratings or range of motion. The treating physician's plan of care includes 6 sessions of acupuncture for the cervical and bilateral upper extremities. The injured worker has been working full time no restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xWk x 3Wks for the cervical, bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 2X3 acupuncture sessions for cervical spine and bilateral upper extremities which were non-certified by the utilization review. Medical notes report recent increase in pain; however, there is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the patient's function or impairment of objective measures. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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, 2x3 acupuncture treatments are not medically necessary.