

Case Number:	CM15-0178742		
Date Assigned:	09/21/2015	Date of Injury:	10/29/2004
Decision Date:	10/29/2015	UR Denial Date:	08/13/2015
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

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 55-year-old female who sustained an industrial injury on October 29, 2004. Diagnoses have included right trapezius chronic strain, right carpal tunnel syndrome, cervical sprain or strain and periscapular syndrome. Documented treatment includes trigger point injections, right shoulder injections, 18 physical therapy sessions stated to be helpful, 6 acupuncture sessions noted to provide "at least 40 percent improvement" with pain and ability to perform activities of daily living. Physician states "acupuncture has helped her significantly, much more than therapy," bringing pain level from 4 to 2 in her neck and improving sleep. Additionally, it is noted that she has been using a TENS unit helping her neck and upper back. There are no medications documented. The injured worker continues to present with neck and bilateral wrist pain. Examination June 26, 2015 shows "normal" cervical range of motion, but painful. The treating physician's plan of care includes a request on July 10, 2015 for 8 sessions of acupuncture for the cervical spine and right wrist. This was denied August 13, 2015. Current work status is stated as "permanent and stationary," but it is not documented in provided medical records if she is working at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of acupuncture for treatment of cervical spine and right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient complained of neck and bilateral wrist pain. Records indicate prior acupuncture therapy. The provider reported that the patient has finished the first authorization and it feels much better after each visit. The provider reported that there was 30% improvement after the patient completed 4/6 session. The Acupuncture Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. There was no objective documentation regarding functional improvement from prior acupuncture session. The provider's request for 8-acupuncture session for the cervical spine and right wrist is not medically necessary at this time.