

Case Number:	CM15-0046421		
Date Assigned:	03/18/2015	Date of Injury:	06/24/2012
Decision Date:	04/23/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/11/2015

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: Preventive Medicine, Occupational 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 35 year old female who sustained an industrial injury on 6/24/12 when she lifted a heavy garbage can receiving injuries to her neck, upper back; lower back, left shoulder, both hands, both legs and right foot. Currently she complains of pain in the left shoulder with radiation to both arms; low back pain and right foot pain with radiation to both legs. There is pain associated with numbness and tingling in both hands, arms, legs and right foot. Her pain intensity is 6-10/10. Her activities of daily living are limited. Medications include Percocet, trazadone, Minastrin and diazepam. Diagnoses include thoracic or lumbosacral neuritis or radiculitis; carpal tunnel syndrome; chronic pain syndrome and arthroscopic surgery. Treatments to date include physical therapy which was not helpful; injections of low back and shoulder but with no pain relief, acupuncture which did not provide relief (progress note 10/15/14); transcutaneous electrical nerve stimulator unit which provided moderate pain relief. Diagnostics include MRI of the lumbar spine (no date); x-rays (areas tested not noted) 4/12/12 which were normal; MRI 4/4/05, 3/10/14 and 5/19/14; electromyography/ nerve conduction study (1/13) revealing carpal tunnel syndrome in both hands. In the progress note dated 10/15/14 the treating provider requested acupuncture. On 2/25/15, there is a request for 6 sessions of acupuncture. Previous requests (10/15/14) have been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions (thoracic, lumbar, and bilateral wrists) one times six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture is a technique to control and improve pain control in patients with acute and chronic pain. It is thought to allow or cause endorphin release that subsequently causes pain relief, reduction of inflammation, analgesia, increased blood circulation and muscle relaxation. The MTUS guidelines for continued use of this therapeutic modality require documentation of functional improvement from this therapy. [Note: functional improvement is defined by the MTUS as clinically significant improvement in activities of daily living or a reduction in work restrictions.] Review of the available medical records does not document a functional improvement from prior acupuncture. Continued use of this treatment modality in this patient is not indicated at this time. Medical necessity has not been established.