

Case Number:	CM15-0079103		
Date Assigned:	04/30/2015	Date of Injury:	07/30/2014
Decision Date:	05/29/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/24/2015

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 53 year old female, who sustained an industrial injury on 7/30/14. She reported initial complaint of overuse neck and bilateral upper extremity injury. The injured worker was diagnosed as having prolapsed cervical intervertebral disc; cervical radiculopathy. Treatment to date has included physical therapy; home exercise program; medications. Diagnostics included x-rays cervical spine (12/24/14); x-rays left shoulder (12/24/14); cervical spine MRI (1/20/15). Currently, the PR-2 notes dated 3/27/15 indicated the injured worker complains of a re-injury to left arm, neck and shoulder at work. She was pulling down a box from overhead shelf with both arms and it turned out to be unusually heavy and the left arm collapsed and "pulled". She has bad neck and recurrent proximal left arm pain that she has to leave work. She also noted three weeks ago, she started getting intermittent left thumb area numbness which is unpredictable in occurrence. She has had 5 of 6 acupuncture treatments that have indeed helped her sleep at night. She was offered epidural injections but because she is diabetic, is reluctant and would like to use them as a last resort treatment. She finds acupuncture more effective than either Lyrica or the Relafen which she has stopped.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six additional acupuncture treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." An unknown number of prior acupuncture sessions were rendered (although such care was reported to be beneficial in reducing symptoms, no pre-acupuncture, post-acupuncture pain scores comparison was afforded; although prior acupuncture was reported to be more effective than Lyrica and Relafen, the patient continues taking narcotics), with no clear indication of any sustained, significant, objective functional improvement (quantifiable response to treatment) attributable to previous acupuncture provided to support the reasonableness and necessity of the additional acupuncture requested. Consequently, additional acupuncture care does not meet the guidelines criteria for medical necessity.