

Case Number:	CM15-0093226		
Date Assigned:	05/19/2015	Date of Injury:	05/29/2013
Decision Date:	06/23/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/14/2015

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 54 year old female, who sustained an industrial injury on 05/29/2013. She has reported subsequent neck, back, wrist, elbow and hand pain and was diagnosed with shoulder impingement, brachial neuritis or radiculitis, carpal tunnel syndrome, lateral and medial epicondylitis and ulnar nerve lesion. Treatment to date has included oral pain medication, acupuncture and physical therapy. In a progress note dated 03/24/2015, the injured worker complained of neck and back pain along with worsening right hand pain, stiffness, numbness and tingling. She has recently had two sessions of acupuncture but the facility made her uncomfortable. Objective findings were notable for tenderness to palpation of the paravertebral muscles of the cervical spine, shoulders and bilateral elbows, spasm of the cervical spine, restricted range of motion of the cervical spine and shoulders, positive impingement sign of the bilateral shoulders and positive Tinel's and Phalen's tests bilaterally. A request for authorization of 12 sessions of acupuncture for the cervical spine, lumbar spine, hands and elbows was submitted. Per a PR-2 dated 12/10/14, the claimant has worsened neck pain. She states that with acupuncture her neck pain was improving however, her pain has returned. Per a PR-2 dated 4/15/15, the provider is trying to request an extension of 10 previously authorized treatments. She was authorized 12 treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Acupuncture Therapy x12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had mild subjective benefits previously and no improvement recently. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary. It appears the provider later changed his request to an extension on time frame on previously authorized treatment. However, this independent medical review is for a request for twelve further acupuncture sessions.