

Case Number:	CM13-0052450		
Date Assigned:	12/27/2013	Date of Injury:	04/02/2001
Decision Date:	09/26/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Colorado. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56 year old female who reported cumulative trauma from keyboarding on 4/2/2001 resulting in neck and bilateral arm pain. The request is for 6 additional acupuncture with 9 completed to date. The injured worker has been treated with medications, multiple courses of physical therapy (PT), chiropractic, acupuncture, pain management, cervical spine surgery in 2008, and a history of bilateral carpal tunnel releases approximately 10 years ago. She has not worked since 7/29/13 when she went out of work due to bilateral arm pain. On 8/26/13 Injured worker underwent an electromyography (EMG) evaluation for neck pain radiating to bilateral upper extremities, left worse than right. The electromyography (EMG) was normal. On 8/28/13 she underwent a cervical magnetic resonance imaging (MRI) scan with reported findings of degenerative disk disease, anterolisthesis C2/3, post operative changes C5/6, mild stenosis C3/4. On 9/18/13 she was seen by her provider with continued complaints of neck and upper extremity pain, 5-6/10. It is reported that she has been attending acupuncture with decrease of pain and increase of activity. Objective findings note tenderness cervical and thoracic spine, decreased range of motion (ROM) on all planes, decreased sensitivity to touch C6/7 dermatomes, 5-/5 grip, bicep/tricep and deltoid strength, normal labs. The diagnosis is cervical radiculopathy, status post C5/6 anterior cervical discectomy and fusion (ACDF) 1/8/09, chronic pain, recurrent carpal tunnel syndrome (CTS). Medications on this date were Topamax 50mg every 12 hours, terocin cream as needed, Flexeril for spasm as needed, and Percocet 5/325 as needed. The injured worker reports these medications are helping with pain. On 6/26/13, medications were Motrin 800mg 2x/day, Prilosec 20mg/day, Naprosyn 55mg as needed, and Topamax 50mg every 12 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

(6) Acupuncture (once a week for 6 weeks): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Definitions; Neck and Upper Back Complaints, page 1, 4.

Decision rationale: After a professional and thorough review of the documents, the requested 6 additional visits for acupuncture are not medically necessary. The request does not meet the criteria of the Medical Treatment Guidelines due to lack of documented functional progress. The injured worker is 13 years post injury with ongoing complaints of neck and bilateral arm pain despite cervical surgery, bilateral carpal tunnel release surgery, multiple courses of conservative treatments, medications and, is currently not working due to arm pain. The most current medical record of 9/18/13 reflects reported, un-quantified, improvement with acupuncture but continued use of medications, findings of decreased range of motion, strength and sensation. The guidelines allow for extension of treatment with functional improvement which notes, "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, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. The injured worker is currently not working nor has there been a reduction in medication usage. Therefore, the request does not meet the criteria of the guidelines and is not medically necessary.