

Case Number:	CM14-0145891		
Date Assigned:	09/12/2014	Date of Injury:	06/07/2005
Decision Date:	10/22/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/09/2014

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 General Surgery, has a subspecialty in Surgery Critical Care and is licensed to practice in Texas. 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:

This injured worker is a 43 year old female with a reported date of injury of June 7, 2005, while performing duties as a parole officer. Diagnosis of brachial neuritis or radiculitis not otherwise specified (723.4) noted. In Orthopedic office visit note, dated December 30, 2005, she reports experiencing pain in the lower back that increases when sitting, pain that radiates through her left leg and into her toes, tension in her neck and inability to feel her left arm from her elbow to the middle 3 fingers. Reports she did not experience a specific traumatic episode, fall or injury. Plan for patient to be temporarily totally disabled from December 30, 2005 to February 10, 2006. MRI dated March 10, 2012 reveals congenital partial fusion of C2-3, mild spondylotic changes of C3-4, C4-5 and C5-6, and no evidence of cord compression or significant stenosis. Primary Treating Physician's progress report dated May 5, 2014 indicates patent on modified work. Primary Treating Physician's progress report dated August 11, 2014 indicates patient is still working modified duty as a corrections officer. On this visit, the injured worker reported a flare up to the mid back. The treating physician made recommendation for twelve acupuncture visits to the cervical spine, lumbar spine, and left wrist/elbow. She had 8 sessions of acupuncture in 2013. Prior utilization review denied request for Acupuncture; twelve (12) visits (2x6), cervical spine, lumbar spine, and left wrist/elbow on August 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture; twelve (12) visits (2x6), cervical spine, lumbar spine, and left wrist/elbow:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Acupuncture; Functional Improvement Measures

Decision rationale: This is a 53 year old female injured worker with chronic low back, neck and wrist pain. The records indicate the claimant to have been previously afforded 4 sessions of acupuncture on 2/12/13 and 11/18/13, yet the progress notes from 11/4/13 and 8/11/14 fail to document any functional improvement following the acupuncture previously afforded. The claimant has remained on restricted duty since the acupuncture of 11/18/13. CA MTUS and ODG recommends acupuncture only if there are functional improvements from the initial sessions. Furthermore ODG holds that acupuncture is not recommended for neck pain. Therefore given the lack of objective functional improvement from the previous sessions and ODG holding acupuncture is not recommended for neck pain, the request for acupuncture to low back, neck and left wrist remains not medically necessary.