

Case Number:	CM14-0069226		
Date Assigned:	07/14/2014	Date of Injury:	03/29/2012
Decision Date:	09/29/2015	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/14/2014

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. 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 58 year old male, who sustained an industrial injury on 3-29-12. He reported pain in his neck, right shoulder and bilateral hands and wrists. The injured worker was diagnosed as having C6-C7 disc bulge, C5-C6 disc bulge, cervical degenerative disc disease, right elbow medial epicondylitis and status post right shoulder arthroscopy. Treatment to date has included a cervical MRI on 10-30-13, Vicodin and post-op physical therapy x 1 session. On 1-21-14, the injured worker rated his pain an 8 out of 10. The treating physician noted pain on flexion in the lumbar and cervical spine and right shoulder. As of the PR2 dated 3-18-14, the injured worker reports pain in his neck, right shoulder and bilateral hands and wrists. He rates his pain a 6-7 out of 10 and has difficulty reaching and holding objects. The treating physician requested acupuncture 2 x weekly for 4 weeks to the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Initial Acupuncture to right elbow, 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow, Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, eight visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 8 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Eight visits of acupuncture are not medically necessary.