MAXIMUS Federal Services

Case Number:	CM14-0012368		
Date Assigned:	02/21/2014	Date of Injury:	05/06/2012
Decision Date:	06/26/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/30/2014

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 Chiropractic Care, has a subspecialty in Anesthesiology, and is licensed to practice in California. 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 patient is a 34-year-old with a date of injury of May 6, 2012. According to the progress report dated December 19, 2013, the patient complained of constant left sided neck pain that radiates to the axilla region and down to the left upper extremity. Significant objective findings include mild tenderness in the left side sternocleidomastoid region and upper trapezius region. Spurling's test and foraminal compression was negative bilaterally. Hawkins test and Neer's test were negative. The patient was able to flex 175 degrees with active assistance and 45 degrees in internal rotation. Tinel sign was positive on the right and negative on the left. Phalen's sign was positive bilaterally with thenar weakness. The patient was diagnosed with cervical spine strain arthrosis with possible neural encroachment and left shoulder status post arthroscopic glenohumeral debridement and subacrominal decompression, possible left carpal tunnel syndrome, right hip trochanteric bursitis, hypertension, sleep disturbance, secondary to pain

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SESSION OF ACUPUNCTURE FOR THE CERVICAL SPINE AND BILATERAL UPPER EXTREMITIES BETWEEN 1/8/14 AND 2/22/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guideline recommends a trial of three to six treatments with a frequency of one to three times a week over one to two months to produce functional improvement. The provider stated that the patient never had acupuncture in his re-request for authorization dated January 16, 2014. Based on the medical records, the current prescription for acupuncture would most accurately be evaluated as an initial trial for which the guidelines recommends three to six visits. The request for one session of acupuncture for the cervical spine and bilateral upper extremities is medically necessary and appropriate.