

Case Number:	CM14-0195298		
Date Assigned:	12/03/2014	Date of Injury:	11/16/2012
Decision Date:	01/20/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/21/2014

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 licensed in Chiropractic, has a subspecialty in Acupuncture 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 71-year-old female with a date of injury of 11/16/2012. According to the progress report dated 10/21/2014, the patient complained of persistent radiating left arm pain. It was described as a shock type sensation through the trapezial region and into the forearm. The pain radiates in the C7 dermatome distribution and was aggravated by repetitive activity, neck extension, and even rest. The patient has been taking ibuprofen 400 mg several times per day and Robaxin 750 mg one at bedtime. Significant objective findings include intact upper extremity reflexes, positive Spurling's test on the left with radiating left arm pain into the forearm with paresthesia going to the hand, and chronic weakness in the left shoulder rotator cuff. The provider's impression was left shoulder impingement, left cervical radiculopathy, and chronic cervical strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3 to the left shoulder and cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline recommends acupuncture for chronic pain. It states that acupuncture may be extended if there is documentation of functional improvement. According to the acupuncture report dated 7/18/2014, the provider noted that the patient had less pain, improved sleep, and less arm pain and tightness with acupuncture. In addition, the patient reduced her Tylenol ES intake. Based on the documentation of improvement in sleep and reduction in medication (Tylenol); the provider's request for 6 additional acupuncture sessions to the left shoulder and cervical spine is medically necessary.