

Case Number:	CM15-0102118		
Date Assigned:	06/10/2015	Date of Injury:	10/17/2011
Decision Date:	07/10/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/27/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 34 year old female sustained an industrial injury on 10/17/11. She subsequently reported right shoulder pain. Diagnoses include fibromyalgia, cervicothoracic pain, cervical disc disorder and cervical spine degenerative disc disorder. Treatments to date include x-ray and MRI testing, acupuncture, physical therapy, injections, chiropractic care and prescription pain medications. The injured worker continues to experience pain in shoulders and back between her shoulder blades which radiates to her spine. Upon examination, there is minimal tenderness bilateral T6-8 and L1-2 paraspinal musculature noted. A request for P-Stimulation 1 x 4 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

P-Stimulation 1 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Auricular electroacupuncture.

Decision rationale: Regarding the request for P stim (auricular electroacupuncture), California MTUS does not contain criteria for this request. ODG states that auricular acupuncture (P stim), is not recommended. Within the documentation available for review, it does not appear that the requesting physician has included peer-reviewed scientific literature of sufficient power to overturn guideline recommendations regarding this treatment. As such, the currently requested P stim is not medically necessary.