

Case Number:	CM15-0041367		
Date Assigned:	03/11/2015	Date of Injury:	11/04/2013
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/04/2015

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: 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 33 year old female, who sustained a work/ industrial injury on 11/4/13. She has reported initial symptoms of aching type pain in the right shoulder, neck and hands. The injured worker was diagnosed as having cervical and right shoulder sprain/strain. Treatments to date included medication and physical therapy. Currently, the injured worker complains of flare up of neck pain that feels like tightness. Pain was rated 8.5-9/10. The treating physician's report (PR-2) from 1/14/15 indicated tenderness to palpation over the paraspinal muscles into the right upper trapezius, pain with axial rotation, right is limited to 60 degrees, left is limited to 70 degrees, forward flexion was limited to 40 degrees by pain, and extension limited to 40 degrees. There was decreased sensation to light touch. The right shoulder has 2+ tenderness at the superior-posterior aspects, with muscle spasms; minimal tenderness with palpation at the bicipital groove area, Range of motion is limited by pain. Forward flexion to 180 degrees, abduction to 170 degrees, extension to 30-35, internal and external rotation to 70-80 degrees. Negative Hawkin's test and positive Neer's test. Right wrist/hand: no swelling, minimal diffuse tenderness to palpation, full range of motion with minimal pain, negative Finkelstein's test. Left wrist and hand: no swelling, no tenderness to palpation and full range of motion. Diagnosis was cervical spine strain, right shoulder strain, muscle spasm. Medications included Cyclobenzaprine, Advil, and birth control pills. Treatment plan included authorization for electromyogram study, continue home exercises, advance work restrictions. Request was made for acupuncture for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine, twice weekly for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 6 acupuncture sessions for cervical spine which were denied by the utilization review. Per ACOEM and ODG guidelines, acupuncture is not recommended for cervical spine. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.