

<b>Case Number:</b>	CM15-0113985		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	02/16/2014
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Massachusetts

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:

The injured worker is a 30 year old male, who sustained an industrial injury on 2/16/2014. He reported a lifting injury resulting in acute right shoulder pain that progressed to pain in the neck going down the arm. Diagnoses include unspecified musculoskeletal disorders and symptoms referable to the neck, radiculitis, thoracic spine pain, and bursitis/tendinitis of the shoulder. Treatments to date include topical compound creams, NSAID, narcotic, activity modification, physical therapy, acupuncture treatments, and cervical epidural injections. Currently, he complained of ongoing pain in the right shoulder and neck. On 4/10/15, the physical examination documented tenderness to the cervical and thoracic spine. The impingement sign was positive for the right shoulder. Numbness was noted in the upper extremity. The appeal request is to authorize Electro Acupuncture evaluation and treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electro acupuncture evaluate and treat:** Overturned

**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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work injury in February 2014 and continues to be treated for neck and right shoulder pain. When seen, pain was rated at 6-7/10. There had been temporary relief after injections. There was cervical spine tenderness with decreased shoulder range of motion and positive impingement testing. He was having left upper extremity numbness. There was thoracic spine paraspinal muscle tenderness. An evaluation for electro acupuncture was requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic pain and acupuncture could be an option in his treatment. He remains out of work and opioid medication continues to be prescribed. The request for an evaluation is appropriate and medically necessary.