

Case Number:	CM15-0177315		
Date Assigned:	09/18/2015	Date of Injury:	11/14/2013
Decision Date:	10/20/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 38 year old male who sustained an industrial injury on 11-14-2013. Medical records indicate the worker is being treated for multilevel cervical intervertebral disk displacement with myelopathy; status post right brachial plexus, ulnar and median nerve decompression with residuals, and right shoulder tendonitis -bursitis with possible SLAP (superior labral tear from anterior to posterior) lesion, and possible psychological factors, secondary to industrial injury. Treatment to date has included chiropractic care, diagnostic tests, and right brachial plexus release. In the provider notes of 08-05-2015, the injured worker complains of severe neck stiffness and pain radiating into the right upper extremity with weakness in the right hand. He states the brachial plexus release did nothing to alleviate his right shoulder pain which he rates as a 9 on a scale of 0-10, or his neck stiffness and pain that the rates as an 8 on a scale of 0-10. His right wrist symptoms have subsided status post brachial plexus release and he rates his symptoms a 6-7 on a scale of 0-10. On exam, the deep tendon reflexes at C5, C6, and C7 are decreased to 1+ to 2+ bilaterally. L4 is increased to 3+-2+ bilaterally, and L5 is 2+ to 2+ bilaterally. He continues to hold his arm at 45 degree position and complains of severe pain with any type of passive movement. Muscle strength is 4 out of 5 in all upper extremity muscle groups with exception of the right upper extremity which remains decreased to 3 out of 5. On the right shoulder there is continued painful loss of range of motion. Palpation of the anteriolateral aspect of the right shoulder and of the subscapular on the right elicits pain. The treatment plan included intensive physical therapy and acupuncture plus authorization for psychological consultation and possible treatment. A request for authorization was submitted for

Acupuncture 2 times a week for 5 weeks, cervical spine. A utilization review decision 08-18-2015 non-approved the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 5 weeks, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Acupuncture 2 times a week for 5 weeks, cervical spine is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of visits of acupuncture. Therefore the request for acupuncture is not medically necessary.