

Case Number:	CM15-0075208		
Date Assigned:	04/27/2015	Date of Injury:	07/31/2013
Decision Date:	05/28/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/20/2015

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 62 year old female who sustained an industrial injury on 07/31/2013. Diagnoses include cervical spine sprain/strain, right shoulder rotator cuff tear, status post right wrist carpal tunnel release surgery with residual pain, sleep disorder, mood disorder, anxiety, insomnia, depression, stress and fatigue. Treatment to date has included diagnostic studies, medications, and physical therapy. A physician progress note dated 02/09/2015 documents the injured worker presents with burning, radicular neck pain and spasms. The pain is rated 7/10 on the Visual Analog Scale. The pain is associated with numbness and tingling of the bilateral upper extremities. She has sharp stabbing right shoulder pain radiating down the arm to the fingers, and rates it as a 7-8/10 on the Visual Analog Scale. She is status post right wrist surgery with residual pain which is moderate to severe, which she rates as 7/10 on the Visual Analog Scale. She is experiencing stress, anxiety, and depression brought on by her chronic pain, physical limitation, inability to work and uncertain future. The injured worker complains of weakness, numbness and tingling of the hand and fingers. The cervical spine is tender to palpation with spasms noted. Cervical range of motion is decreased, and maximal foraminal compression test is positive. The right shoulder is tender to palpation at the trapezius muscle and the bicipital groove, and the levator scapula and supraspinatus. Right shoulder range of motion is decreased. Kennedy Hawkins is positive. Her right wrist range of motion is restricted and Tinel's and Phalen's are positive. The treatment plan is awaiting a neurosurgeon consultation, an orthopedic surgeon consultation, a pain management consultation, and an Electromyography/ Nerve Conduction Velocity of the bilateral upper extremities. She is to undergo a course

of shockwave therapy and Terocin patches were requested. Treatment requested is for Acupuncture for the cervical spine 3 times a week for 6 weeks.

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 3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, 18 visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 18 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Eighteen visits of acupuncture are not medically necessary.