

<b>Case Number:</b>	CM13-0046286		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	04/06/2012
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, neck pain, shoulder pain, elbow pain, and knee pain reportedly associated with an industrial injury of April 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants, and extensive periods of time off of work. In a Utilization Review Report of October 31, 2013, the claims administrator denied a request for six sessions of acupuncture. Somewhat incongruously, however, the claims administrator wrote in one section of the report that the request was wholly denied stating that an initial short course of four sessions of acupuncture would be appropriate here. The claims administrator did cite outdated 2007 acupuncture guidelines, the now-renumbered MTUS 9792.20e, and Third Edition ACOEM Guidelines and ODG Guidelines on acupuncture. It appears that the acupuncture denial was predicated on usage of the 2007 MTUS Acupuncture Guidelines, which, at that point, did not govern the shoulder. The applicant's attorney subsequently appealed. In a letter dated November 8, 2013, the attending provider stated that the applicant had only had one session of acupuncture previously. Six sessions of acupuncture were being sought on the grounds that the applicant had only had one prior session of acupuncture and was unhappy with the previous acupuncturist. The attending provider, like the claims administrator, incorrectly cited ACOEM in his request to pursue acupuncture. In a request for authorization dated September 18, 2013, the attending provider writes that the applicant has issues with blurry vision, ocular irritation, redness, and frequent headaches. The attending provider states that he would like the applicant to consult an ophthalmologist who can address causation for this issue. In a subsequent note dated January 14, 2014, the applicant is again described as reporting blurred vision on HEENT review of systems.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ACUPUNCTURE TIMES SIX VISITS FOR THE NECK AND LOW BACK:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Based on the information on file, this appears to represent what amounts to a first-time request for acupuncture. The applicant has only had one prior session of acupuncture over the life of the claim. As noted in MTUS, acupuncture can be employed for a variety of purposes, including in the chronic pain context present here. The time deemed necessary to produce functional improvement, per MTUS 9792.24.1c1, is three to six treatments. In this case, the six-session course of treatment for the applicant's chronic neck and back pain, thus, does, conform to MTUS parameters. Therefore, the Original Utilization review decision is overturned. The request is medically necessary and appropriate.

**OPHTHALMOLOGY CONSULT FOR DRY EYE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004), SPECIALTY CONSULTATION.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 437.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 16, page 417, visual acuity should be assessed and documented carefully at each examination prior to other examinations or treatment, except for cases of chemical burns. In this case, the applicant has vague and nonspecific symptoms of dry eyes, ocular irritation, etc. However, the applicant's primary treating provider has not worked this up to even superficial degree. The applicant's visual acuity was not measured on any recent progress notes. The MTUS Guideline in ACOEM Chapter 16, pages 456 and 457 further note that an applicant presenting with signs and symptoms of blurred vision could be referred to an ophthalmologist or an ophthalmometrist, based on the results of visual screening and measurement of visual acuity. In this case, the attending provider did not in fact, measure the applicant's visual acuity on any office visit in question. As noted by ACOEM, measurement of visual acuity is a prerequisite to pursuit of other evaluations and/or referrals. Since this has not been assessed or documented on any office visit, the request for an ophthalmology consultation is not medically necessary and appropriate, on Independent Medial Review.