

Case Number:	CM13-0069124		
Date Assigned:	01/03/2014	Date of Injury:	10/15/2011
Decision Date:	05/30/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional 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 patient is a 53 year-old female with a 10/15/2011 industrial injury claim. She has been diagnosed with neck pain; cervical radiculitis; insomnia. According to the 10/7/13 progress report, she presents with 3-4/10 neck pain. Exam showed tenderness to palpation in the neck with decreased ROM) range of motion. On 10/31/13, the family medicine report states the patient is in for paraffin bath for the right shoulder with 8/10 pain. Exam showed right shoulder abduction to 100 degs, and tenderness. The plan was for paraffin bath, pending auth for psych, and request trigger point injections for the right trap. On the 11/5/13 family medicine report, the patient continues with right shoulder pain, and the plan was for acupuncture x6. On 11/20/13 UR denies acupuncture and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ACUPUNCTURE SESSIONS TO THE CERVICAL SPINE AND RIGHT SHOULDER: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with neck and right shoulder pain. The records show the patient underwent right shoulder subacromial decompression and GH debridement on 5/20/13. There has been PT, but no records of acupuncture provided for this IMR. Acupuncture Medical Treatment Guidelines states "Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm". The request for acupuncture x6 is in accordance with the Acupuncture Treatment Guidelines. Therefore the request is medically necessary.

SIX (6) TRIGGER POINT INJECTIONS TO THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: On 10/31/13, the patient presented with right shoulder pain. She was treated with paraffin bath and trigger point injections were recommended on follow-up. The exam on 10/31/13 did not document trigger points Chronic Pain Medical Treatment Guidelines states trigger point injections can be recommended if all criteria has been met, including "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain" The requested trigger point injections without documentation of trigger points is not in accordance with Chronic Pain Medical Treatment Guidelines. Therefore the request is not medically necessary.