MAXIMUS Federal Services

Case Number:	CM14-0109070		
Date Assigned:	08/01/2014	Date of Injury:	11/16/2009
Decision Date:	09/26/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 52-year old female who sustained an injury on 11/16/2009 due to repetitive activities. The injured worker developed complaints of pain in the neck and right shoulder. Prior treatment did include physical therapy. Electrodiagnostic studies were completed; however, these were not available for review. The injured worker did obtain several injections which were not beneficial. The injured worker had been off duty in 2009 through September 2010 when she was returned to work with restrictions. There was a clinical report from 05/22/13 which noted ongoing complaints of moderate neck pain and stiffness that was intermittent as well as intermittent moderate pain to the right shoulder. No medications were listed at this evaluation. On physical examination there was some loss of range of motion in the right shoulder. The injured worker also had some loss of range of motion in cervical extension and rotation. No motor deficits were identified. There was a positive Supraspinatus finding as well as an empty can test in the right shoulder. The injured worker was given a 15% whole person impairment. The requested acupuncture for 8 sessions for the cervical spine and right shoulder as well as Naproxen 550 mg #60 and Omeprazole 20 mg #60 were all denied by utilization review on 06/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 C spine, right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested service would not be supported as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The only clinical report available for review was an impairment rating from 2013. There is no updated clinical assessment for this injured worker establishing indications for the requested service. Given the paucity of recent clinical information to support this request, this reviewer would not have recommended the proposed service as medically necessary. Therefore, Acupuncture 2 x 4 C spines, right shoulder is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The requested service would not be supported as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The only clinical report available for review was an impairment rating from 2013. There is no updated clinical assessment for this injured worker establishing indications for the requested service. Given the paucity of recent clinical information to support this request, this reviewer would not have recommended the proposed service as medically necessary. Naproxen 550mg #60 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: The requested service would not be supported as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The only clinical report available for review was an impairment rating from 2013. There is no updated clinical assessment for this injured worker establishing indications for the requested service. Given the paucity of recent clinical information to support this request, this reviewer would not have recommended the proposed service as medically necessary. Omeprazole 20mg #60 is not medically necessary.