

Case Number:	CM14-0016230		
Date Assigned:	04/11/2014	Date of Injury:	07/21/2006
Decision Date:	05/28/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 37 year old female with an injury date on 7/21/06. The patient complains of pain in the shoulder, neck, upper back, chiefly on the right side. Based on the 12/16/13 progress report provided by [REDACTED] the patient's diagnosis include cervical paravertebral myofascial pain and thoracic paravertebral myofascial pain. The patient received 6 months of physical therapy with no improvement, and acupuncture within 3 months of injury with mild relief. Patient had right shoulder pain from a motor vehicle accident on 1/20/2003, and landed on mid-lumbar after a fall down stairs on 7/15/05. She was assessed for 12 acupuncture treatments on 08/19/05. She continued acupuncture treatments according to a report on 6/4/08. On 7/10/13, the patient had an MRI on right scapula which showed tendinitis, tendinosis, and after surgical treatment for a possible labral tear was recommended. On 10/7/13, patient was still undergoing acupuncture with some improvement. On 12/20/13, the patient received 3 trigger point injections. [REDACTED] is requesting acupuncture treatment and chronic pain and functional restoration program for the patient's shoulder issues. The utilization review and determination being challenged is dated 1/16/14 and recommends denial of the treatments. [REDACTED] is the requesting provider, and he provided treatment reports from 7/10/13 to 12/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TREATMENT: Upheld

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 cervical paravertebral myofascial pain and thoracic paravertebral myofascial pain. The request is for acupuncture treatment for the patient's right-side shoulder pain. The treater does not specify how many sessions of acupuncture. Review of the reports shows prior physical therapy, chiropractic, and acupuncture sessions. It appears that the patient was receiving acupuncture treatments as recent as 10/7/13 and the treater appears to be asking for additional acupuncture treatments along with a functional restoration program. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the treater does not specify frequency and duration of acupuncture request. The treater does not provide documentation of "functional improvement" defined by Labor code 9792.20(e) as significant improvement of ADL's or improvement in work status, AND decreased dependence of medical treatments. The treater does not provide any documentation that such functional improvements have been achieved with prior acupuncture. Therefore the request is not medically necessary and appropriate.

CHRONIC PAIN FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Function Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Region Pain Syndrome Page(s): 35.

Decision rationale: The patient presents with cervical paravertebral myofascial pain and thoracic paravertebral myofascial pain. The request is for a functional restoration program for the patient's right-side shoulder pain. The treater does not specify what the chronic pain functional restoration program entails. Review of the reports shows prior physical therapy, chiropractic, and acupuncture sessions. This request for "functional restoration program" is not accompanied with description of the program, for patient's candidacy per Chronic Pain Medical Treatment Guidelines. Therefore the request is not medically necessary and appropriate.