

Case Number:	CM14-0130953		
Date Assigned:	09/08/2014	Date of Injury:	02/19/2009
Decision Date:	10/03/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/15/2014

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 Orthopedic Surgery 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 claimant is a 57-year-old female who was injured in work related accident on 02/19/09. The clinical records provided for review included a progress report dated 07/15/14 that documented that the claimant had complaints of neck pain. The physician reviewed prior diagnostic studies that included a left shoulder MRI, dated 02/18/14, that identified a partial surface tearing of the supraspinatus. It was noted that the April 2013 electrodiagnostic studies of the lower extremities were normal and a 04/23/13 cervical MRI scan showed at C3-4 a focal disc protrusion with patent neural foramina in addition to disc protrusions at C4-5, C5-6, and C6-7 but no indication of cord impingement. The physical examination documented the claimant's vital signs but did not include any objective findings of the shoulder, cervical spine, or lumbar spine. The physician recommended orthopedic surgical referral, pain management referral, left shoulder surgery, and lumbar epidural injections. Additional documentation requested eight additional sessions of acupuncture. The medical records did not include other imaging reports or documentation of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for four weeks for a total of eight sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the California MTUS Acupuncture Guidelines, the request for eight sessions of acupuncture cannot be recommended as medically necessary. The medical records document that the claimant had undergone previous acupuncture but there is no documentation that the claimant received significant improvement or benefit. The California Acupuncture Guidelines recommend no more than three to six sessions to evaluate improvement with the treatment. The request for eight sessions of acupuncture exceeds the Acupuncture Guidelines and there is also no documentation that this claimant should be an exception to the standard guideline treatment protocol. At this chronic stage in the claimant's course of treatment without documentation that previous acupuncture provided significant improvement in function and reduced symptoms, the request for additional acupuncture cannot be supported.

Left shoulder surgery: 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 (ACOEM) - California Guidelines Plus, Web-based version

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209, 211.

Decision rationale: The California ACOEM Guidelines would not support the request for left shoulder surgery. First and foremost, the surgical procedure is not defined. Looking at the claimant's diagnosis of impingement, there is no documentation that the claimant has completed three to six months of conservative care including injection therapy as recommended by ACOEM Guidelines. There is also no documentation of objective findings on examination to correlate with the imaging results. ACOEM Guidelines recommend clear clinical and imaging evidence of a lesion that has been shown to benefit by surgery, both the short and long term. Therefore, the acute need of "left shoulder surgery" without documentation of specific procedure based on claimant's February 2014 MRI scan alone would not be indicated. This request is not medically necessary.

Lumbar epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The California MTUS Chronic Pain Guidelines do not support the request for lumbar epidural steroid injections. The levels for the injections are not defined. The request also recommends multiple injections. The Chronic Pain Guidelines do not recommend multiple injections and only repeat injections if there is significant improvement from the initial injection. The Chronic Pain Guidelines only recommend epidural injections in treatment of radicular pain.

The medical records do not contain any documentation of objective findings of radiculopathy on examination. The electrodiagnostic studies are reported as normal with no documentation of radiculopathy. Therefore, in absence of radicular findings on examination that would correlate with imaging results, the lack of radiculopathy on the electrodiagnostic studies of the lower extremities and the lack of identification for the location of the injection, the clinical request for multiple epidural steroid injections at non-documented levels would not be supported.