

Case Number:	CM14-0149118		
Date Assigned:	10/28/2014	Date of Injury:	04/17/2014
Decision Date:	12/12/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/15/2014

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 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:

This patient is a 61 year old female with an injury date of 4/17/14. No PR2 was submitted the treatment request. Work status: Remain off-work for 6 weeks as of 11/05/14. Based on the 11/05/14 progress report, this patient complains of "new numbness in the left foot" that started one week ago and "pain in the neck and right/left shoulders." Patient reports she "has problems performing her activities of daily living (ADLs) like cleaning, vacuuming and grocery shopping, and cooking" and "is getting help by another person which she is paying." Physical exam shows "light touch sensation to right lateral shoulder, right thumb tip, right long tip, and right small tip are intact." Diagnoses for this patient are: 1. Cervical spine disc bulge2. Right shoulder internal derangement3. Left shoulder internal derangementThe utilization review being challenged is dated 9/05/14. The request is for sixteen (16) sessions of acupuncture and one (1) prescription of Gabapentin. Acupuncture was non-certified based on the "lack of documentation that patient suffered from rotator cuff tendonitis, frozen shoulder, or subacromial impingement syndrome" and the gabapentin was non- certified due to the "lack of documentation to reveal evidence suggestive of neuropathic pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen (16) acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Page(s): 13 of 127.

Decision rationale: This patient presents pain in the neck and bilateral shoulders, with numbness in the left foot that started one week ago. The treater requests 16 sessions of acupuncture. MTUS guidelines for acupuncture state that "it may be used as an option when pain medication is reduced or not tolerated, it may also be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Treatments may be extended if functional improvement is documented. There is no evidence indicated in review of the submitted report of the reduction or intolerance of pain medication, nor use of acupuncture as adjunctive therapy. Given the neck pain and bilateral shoulder pain, a short course of six trial sessions may be supported, but the request is for 16 sessions. If the patient already had trial six sessions, the treater did not document functional improvement as defined by Labor Code 9792.20(e) that require significant change in ADL's, or change in work status, and decreased dependence on other medical treatments. The request for 16 sessions of acupuncture is not medically necessary.

One (1) prescription of Gabapentin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 18-19.

Decision rationale: This patient presents pain in the neck and bilateral shoulders, with numbness in the left foot that started one week ago. The treater requests prescription of Gabapentin. MTUS guidelines state: "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Patient is not diabetic. Patient denies any tingling. Light touch sensation exam of "right lateral shoulder/thumb tip/long tip, and small tip are all intact." There does not appear to be a diagnosis of neuropathic pain to warrant a trial of this medication. There are no radicular symptoms and numbness in the foot is documented on 11/5/14 started a week from this date. This report comes after the utilization review denial letter from 9/5/14. There were no reports pre-dating UR determination. Given the lack of any documentation of neuropathy and discussion regarding rationale, or efficacy, the request is not medically necessary.