

Case Number:	CM14-0172610		
Date Assigned:	10/23/2014	Date of Injury:	11/16/2010
Decision Date:	11/25/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family Medicine 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:

58 years old female claimant sustained a work injury on 11/16/10 involving the right shoulder and low back. She was diagnosed with right shoulder derangement and sciatica. A progress note on 9/15/14 indicated the claimant had 8/10 right shoulder pain and 7/10 low back pain. Exam findings were notable for L1-L5 moderate pain radiating to the buttocks and left hip as well as pain in the right shoulder. He was asked to continue with orthopedic and pain management as well as "finish" acupuncture sessions. He started acupuncture in July 2014 as well as has been going to orthopedics and pain management for months since at least May 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to right shoulder and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the guidelines, Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Optimum duration is 2 months. In this case, the amount of sessions completed is unknown. The claimant had been going for

acupuncture for 2 months without documented functional response. Therefore, the request of Acupuncture to right shoulder and lumbar spine is not medically necessary and appropriate.

Continue orthopedic treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. In this case, the need for orthopedic follow-up for several months is not justified. There was no plan for surgery or intervention that required an orthopedic surgeon. Therefore, the request for continue orthopedic treatment is not medically necessary and appropriate.

Continue pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. In this case, the need for pain management follow-up for several months is not justified. There was no plan for intervention that required a pain management. There was no mention of intractable pain or reasoning for continued follow-up with pain management. Therefore, the request for continue pain management is not medically necessary and appropriate.