

Case Number:	CM14-0175553		
Date Assigned:	10/28/2014	Date of Injury:	02/11/2014
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/23/2014

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:

This is a 43-year-old female patient who reported an industrial injury to the neck and shoulder on 2/11/2014, nine (9) months ago, attributed to the performance of her usual and customary job tasks reported as being attacked by client. The patient was treated conservatively with 12 sessions of physical therapy; 12 sessions of acupuncture for spasm in the neck; psychological assessment and counseling; Celexa; and hydrochlorothiazide. The MRI of the cervical spine dated 4/20/2014, documented evidence of disc bulge at C3-C4, 1 mm disc bulge at C4-C5 and C5-C6 effacing the ventral central spinal fluid CSF with mild foraminal narrowing. The MRI of the left shoulder dated 4/20/2014, documented that there was a type II acromion, sub chondral cyst in the humeral head with marrow edema, partial articular surface tear and tendinopathy to the supraspinatus tendon with less than 20% tendon footprint. The x-rays of the cervical spine dated 9/11/2014 documented early degenerative disc disease at C5-C6. The x-rays the left shoulder revealed that there was normal glenohumeral relationship and normal AC joint. The patient complained of cervical spine pain, headaches, and stiffness in the neck along with left shoulder pain. The objective findings on examination documented diminished range of motion left shoulder with abduction 120; positive crepitus; Hawkins test was positive; week abduction and supination; tenderness to palpation with hypertonicity on the left cervical trapezius. The diagnoses included cervical spine degenerative disc disease; cervical strain; right rotator cuff syndrome. The treatment plan included a corticosteroid injection to the left shoulder under ultrasound guidance and acupuncture 23 to the cervical spine and cervical trapezius.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Left Shoulder Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter--steroid injections

Decision rationale: There were no objective findings documented by the treating physician to support the medical necessity of the corticosteroid injection to the left shoulder with ultrasound guidance over the provision of a simple corticosteroid injection to the shoulder. There was no objective evidence provided to support the medical necessity of the requested shoulder corticosteroid injection with ultrasound guidance based on the objective findings documented on examination. There was no rationale supported by objective evidence to support the medical necessity for ultrasound guidance. The CA MTUS; the ACOEM Guidelines 2nd edition and the Official Disability Guidelines recommend up to three (3) corticosteroid injections to the shoulder for impingement, tendonitis, or rotator cuff syndrome. The provision of the injections should be later evaluated with a functional assessment to determine the efficacy of the provided corticosteroid injection. The treating physician requested a corticosteroid injection to the shoulder based on impingement; however, there was no ongoing exercise program and the patient did complain of left shoulder pain. There was no rationale to support the medical necessity of the requested injection based on persistent left shoulder pain with a nexus to the date of injury. There was no documented failure of conservative care or failure of over-the-counter analgesics.

Acupuncture 2 x 3 to the cervical spine.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 23 additional sessions of acupuncture directed to the neck and upper back were not supported with objective evidence of functional improvement with the previous sessions of acupuncture. There was no documentation by the requesting provider whether or not the patient had received any functional improvement from the 12 prior sessions of acupuncture. There was no sustained functional improvement documented. There was only reported symptomatic relief on a temporary basis. There is no demonstrated medical necessity for 2x3 additional sessions of acupuncture. The treating physician requested acupuncture sessions to the neck and upper back based on persistent chronic pain due to the reported industrial injury and muscle pain not controlled with medications and home exercises. The request is not consistent with the recommendations of the CA Medical Treatment Utilization Schedule for the continued treatment with acupuncture. The current request is for maintenance treatment. The patient is not demonstrated to be participating in a self-directed home exercise

program for conditioning and strengthening. There is no demonstrated failure of conservative care or conventional care. The patient is not demonstrated to have intractable pain and is not exhausted all treatment modalities. There are no PR-2s from the acupuncturist documenting functional improvement. There is no documented reduction in the use of medications. The recent clinical documentation demonstrates that the patient has made no improvement to the cited body parts with the provided conservative treatment for the diagnoses of sprain/strain. Acupuncture is not recommended as a first line treatment and is authorized only in conjunction with a documented self-directed home exercise program. There is no documentation that the patient has failed conventional treatment. There was no rationale supporting the use of additional acupuncture directed to the neck and upper back. The use of acupuncture is not demonstrated to be medically necessary. There is no demonstrated medical necessity of additional acupuncture in conjunction with PT prescribed at the same time. An initial short course of treatment to demonstrate functional improvement through the use of acupuncture is recommended for the treatment of chronic pain issues, acute pain, and muscle spasms. A clinical trial of four (4) sessions of acupuncture is consistent with the CA Medical Treatment Utilization Schedule; the ACOEM Guidelines, and the Official Disability Guidelines for treatment of the neck and back. The continuation of acupuncture treatment would be appropriately considered based on the documentation of the efficacy of the four (4) sessions of trial acupuncture with objective evidence of functional improvement. Functional improvement evidenced by the decreased use of medications, decreased necessity of physical therapy modalities, or objectively quantifiable improvement in examination findings and level of function would support the medical necessity of 8-12 sessions over 4-6 weeks.