

Case Number:	CM14-0176417		
Date Assigned:	10/29/2014	Date of Injury:	04/23/2012
Decision Date:	12/10/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 51 year old female who was injured on 4/23/2012. The diagnoses are bilateral shoulders and upper extremities pain. The patient had completed 3 acupuncture sessions with beneficial effects. The MRI of the right shoulder showed sub-deltoid bursitis, tendinopathy and degenerative changes. The MRI of the cervical spine showed multilevel disc bulges, facet degeneration and foraminal narrowing. On 9/15/2014, [REDACTED] noted subjective complaint of pain score of 6/10 with medications and 9/10 without medications on a scale of 0 to 10. The pain was rated as moderate with some limitation of activities. There was objective finding of tenderness of the left shoulder. She was given injection of DepoMedrol and Marcaine. The medications are Norco, Zorvolex and Neurontin for pain. A Utilization Review determination was rendered on 10/14/2014 recommending modified certification for Acupuncture treatment from #8 to #3 and non-certification for DepoMedrol /Marcaine injection retrospective date of service 9/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment, QTY: 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, acupuncture.

Decision rationale: The CA MTUS Acupuncture guidelines and the ODG guidelines recommend that acupuncture guidelines can be utilized in the treatment of exacerbations of musculoskeletal pain to decrease pain and medications utilization. The records indicate that the patient had completed several acupuncture treatment sessions in the past with documented significant reduction in pain. The request was modified to 3 acupuncture treatment sessions with extension following documentation of consistent reduction in pain, increased range of motion of the shoulders and decreased medications utilization. The criteria for acupuncture treatment #8 were not met.

Retrospective request for Depomedrol and Marcaine injection, QTY: 1 for the service date of 09/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Shoulder Joint

Decision rationale: The CA MTUS did not specifically address the use of steroid injections in the treatment of musculoskeletal pain. The ODG guidelines recommend that interventional pain procedures can be utilized in the treatment of severe musculoskeletal pain when conservative treatments with medications and PT have failed. The records indicate that the patient reported significant pain relief with medication management and acupuncture treatments. The report from the most recent clinic visit dated 9/15/2014 did not show any subjective or objective findings that indicated of worsening of the shoulder pathology. There was no documentation of positive provocative tests. The patient is actively undergoing acupuncture treatment and reporting beneficial effects. The criteria for Depomedrol /Marcaine injection retrospective date of service 9/15/2014 was not met.