

Case Number:	CM14-0045474		
Date Assigned:	06/27/2014	Date of Injury:	08/04/1991
Decision Date:	08/19/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 Pain 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:

The patient is a 62-year-old male with a 8/4/91 date of injury. The patient fell hard onto his left shoulder. The patient complains of left-sided neck pain, stabbing, numbness; the pain was rated at 7-9/10. An MRI of the cervical spine dated 10/7/13 reveals degenerative changes with discogenic disease at C3-7. X-rays indicate a mild arthrosis of the left acromioclavicular joint. MRI of the shoulder reveals supraspinatus and infraspinatus tendinopathy, type II slap lesion, small amount of fluid within the subacromial/subdeltoid bursa, mild arthrosis of the acromioclavicular joint. The examination report dated 9/11/13 states that patient had been treated with medications, physical therapy and acupuncture, and seems to have either progression of his condition or aggravation of his chronic condition. A progress note dated 6/4/14 reveals moderate tenderness in the left cervical region. Range of motion is normal in flexion, 50% in extension. Rotation and lateral bend to the right is 75%, to the left is 25%. Spurling's is positive. Upper extremity reveals normal motor strength, reflexes are 2/4 in triceps and biceps. Mild, positive impingement of the left shoulder. Diagnoses include cervical spine herniated nucleus pulposus/bulge, cervical brachial syndrome, shoulder impingement, shoulder pain/AC joint, radiculopathy cervical not elsewhere classified. Medications include Norco, Soma, and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) acupuncture sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 114, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 114; and the Official Disability Guidelines.

Decision rationale: The medical documentation included for review indicates that acupuncture has not been beneficial, and the patient's condition has progressed afterwards. No documented evidence of functional gains from acupuncture sessions attended has been provided. Guidelines do not recommend additional sessions of acupuncture without documented proof of functional gains and reduction in pain. Since no progress was made with the previous 6 sessions, 8 additional acupuncture sessions are not recommended as medically necessary.

Soma 350 mg. 360: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26, 65.

Decision rationale: The California MTUS states that Soma is not recommended. Soma is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. It is also unclear why the patient needs to be taking this medication on a long-term basis. As such, the request is not medically necessary.