

Case Number:	CM14-0075665		
Date Assigned:	07/16/2014	Date of Injury:	02/01/2007
Decision Date:	08/14/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/23/2014

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 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:

The patient is a 35-year-old male with date of injury of 02/01/2007. The listed diagnoses per [REDACTED] dated 04/21/2014 are: 1. Cervical discopathy. 2. Right shoulder impingement syndrome. According to this report, the patient complains of pain in the cervical spine and right shoulder at a rate of 6/10. The patient states that his pain radiates through his bilateral upper extremities which is accompanied by numbness and tingling. He also reports weakness in the right upper extremity. The patient reports that the pain impedes with his ability to sleep, which leads to a stressed mood throughout the day. The objective findings show there is restricted range of motion in the cervical spine with myospasms and tenderness noted. There are sensory deficits throughout the right upper extremity. There is also tenderness to palpation and restricted range of motion in the right shoulder. The utilization review denied the request on 04/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment QTY:8: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines for acupuncture states that it 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. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The 98 pages of records do not show any recent acupuncture therapy reports to verify how many treatments the patient has received thus far. However, the progress report dated 04/21/2014 documents, the patient reports that, in the past, acupuncture therapy improved his range of motion, helped him sleep, and reduced his overall level of pain. In this case, while the physician does not document acupuncture history, the patient reports significant improvement with acupuncture. It would appear that it has been a while since prior acupuncture. It may be reasonable to provide a short course of acupuncture given the patient's positive response to it in the past. MTUS does support acupuncture for neck and shoulder pain. Therefore, Acupuncture Treatment quantity: 8 is medically necessary.

Omeprazole 20mg QTY:60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-69.

Decision rationale: The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks state that it is recommended for precaution to determine if the patient is at risk for gastrointestinal events: Ages greater than 65, history of peptic ulcer, GI bleed or perforation, concurrent use of ASA(acetylsalicylic acid) or corticosteroids and anticoagulants, and high-dose multiple NSAIDs. The patient's current list of medications includes Tizanidine, tramadol, and omeprazole. The records show that the patient has been taking omeprazole since 02/17/2014. However, none of the reports document any side effects from medication use or other diagnosis of the GI system that would require the use of omeprazole. MTUS does not recommend the routine use of PPIs (Proton Pump Inhibitors) with no documentation of GI risk assessment. Therefore, Omeprazole 20mg quantity: 60 is not medically necessary.