MAXIMUS Federal Services

| Case Number: | CM14-0191761 | | |
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| Date Assigned: | 11/25/2014 | Date of Injury: | 06/22/2000 |
| Decision Date: | 01/13/2015 | UR Denial Date: | 10/13/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

## 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 & 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 57 year old female with an injury date of 06/22/00. Based on the 04/17/14 progress report, the patient had a repeat stellate ganglion block on 08/12/13. The patient complains of left arm pain (post-surgery) and right shoulder pain (overuse). She has difficulty with ADLs such as showering with hands above head and also has increased depression. There is allodynia and positive swelling in the left hand. The patient has positive hyperhydrosis of the left arm and a decreased grip on the left. The 05/15/14 report states that the patient rates her pain as a 6/10 which is secondary to overuse of her left shoulder. "The patient has had an exacerbation of CRPS-1 of the left upper extremity. She uses a stimulator 18 hours a day which provides 60/70% relief. She is using her left arm/hand more with increased pain. She has "continued increased sensitivity, but decreased to just elbow, moderate swelling, cold, sweats." The 09/11/14 report indicates that the patient has low back pain which radiates down her left leg in an L5 distribution. She has spasms in her lower back and positive triggers. Straight leg raise is positive on the right and left. Sensation is decreased in left posterior thigh. The patient's diagnoses include the following:CRPS type-1 of the left upper extremity (exacerbation secondary to overuse) with movement disorderDepression secondary to CRPS type 1, status post cervical SCSChronic pain syndrome and depressionRight shoulder impingement secondary to overuseIncreasing lumbar radiculopathyCervical post laminectomy syndrome with adjacent herniated nucleus pulposuslumbar post laminectomy syndromeThe utilization review determination being challenged is dated 10/13/14. There were three treatment reports provided from 04/17/14, 05/15/14, and 09/11/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 6 Sessions of acupuncture for the neck:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Page(s): 13,8.

**Decision rationale:** According to the 05/15/14 report, the patient presents with right shoulder and left shoulder pain which she rates as a 6/10. The request is for additional 6 sessions of acupuncture for the neck. The 04/17/14 report states that "the patient started acupuncture (5 treatments)." However, it is unknown for which body part these acupuncture sessions were indicated for. The 05/15/14 report states that the patient should "continue acupuncture for cervical spine, 6 treatments."For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and AND reduced dependence on medical treatments. Review of submitted reports does not clearly indicate the total number of acupuncture sessions this patient has had to date. She began 5 acupuncture sessions on 04/17/14 (body part unknown) and the 05/15/14 report states that the patient should continue her acupuncture for her neck. There are no discussions provided on the impact acupuncture had on the patient. Given the absence of documentation of functional improvement as defined and required by MTUS guidelines, additional sessions cannot be reasonably warranted as a medical necessity. The requested additional acupuncture for the neck is not medically necessary.

**Follow- Up office visit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

**Decision rationale:** According to the 05/15/14 report, the patient presents with right shoulder and left shoulder pain which she rates as a 6/10. The request is for a follow-up office visit. The rationale is that "It is unknown what the patient's current clinical presentation is or whether the patient is still being treated with medication and whether further treatment is necessary."In regards to follow-up visits, MTUS page 8 require that the treater monitor the patient. Follow-up visitations are needed to monitor patient's progress. Given the patient's persistent symptoms, the requested follow-up visit office visit is medically necessary.