

Case Number:	CM14-0026489		
Date Assigned:	06/13/2014	Date of Injury:	11/16/2012
Decision Date:	03/30/2015	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 59-year-old male who reported an injury on 11/16/2012 after a motor vehicle accident. The injured worker reportedly sustained an injury to his neck, left shoulder, and upper back. The injured worker's treatment history included medications and acupuncture. The injured worker was evaluated on 01/30/2014. It was documented that the injured worker had 30% pain relief, resulting from previous acupuncture treatment. The injured worker's physical examination revealed limited cervical spine range of motion secondary to pain with deep tendon reflexes intact. The injured worker's diagnoses included cervical sprain, lumbar sprain, shoulder pain, and thoracic pain. A request for authorization was made for 6 additional acupuncture treatments and Tylenol 650 mg with 12 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Additional Acupuncture Therapy sessions for the neck, back and left shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM 2nd Edition, 2008, Shoulder Complaints, page(s) 555-556

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested additional acupuncture therapy x 6 for the neck, back, and left shoulder is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of acupuncture to assist with medication reduction and function restoration. The clinical documentation submitted for review does indicate that the injured worker's treatment history included acupuncture which provided a 30% improvement in functional capabilities; however, clinical documentation does not provide any evidence of associated therapeutic activity to maintain improvement levels. Additionally, there is no documentation of medication reduction or specific functional improvement to support the need for additional therapy. As such, the requested additional acupuncture therapy x 6 for the neck, back, and left shoulder is not medically necessary or appropriate.

Tylenol 8 Hour 650 mg #90 with 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP), Page(s): 11.

Decision rationale: The requested Tylenol 8 hour 650 mg #90 with 12 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does support the use of acetaminophen as a first line treatment in the management of pain. However, the requested 12 refills does not provide an adequate time period for reassessments and re-evaluation to establish efficacy and support ongoing use. Therefore, the request would not be indicated in this clinical situation. As such, the requested Tylenol 8 hours 650 mg #90 with 12 refills is not medically necessary or appropriate.