

<b>Case Number:</b>	CM14-0210808		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	04/26/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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 Internal 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:

According to the an orthopedic qualified medical examination (QME) dated July 10, 2014, the IW has subjective complaints of lower back pain, leg pain, neck pain and pain in both shoulders. He also has complains of anxiety, depression, and insomnia. The provider noted that he couldn't find any reasonable objective findings to justify the level of pain of which the IW is indicating. In the same note, the provider indicated Ambien was recommended for insomnia and indicated that it is believed that the insomnia is psychologic. Pursuant to a progress report by the treating physician dated October 20, 2014, the IW complains of constant neck pain rated 6/10, upper back pain rated 7/10, and low back pain rated 7/10. He also has intermittent bilateral shoulder pain rated 5/10. Examination of the cervical spine reveals tenderness over the paraspinals, sternocleidomastoid and scalene. There is spasm over the bilateral paraspinals. Examination of the thoracic and lumbar spine reveals tenderness to palpation. Straight leg raise test is positive bilaterally. The provider documents that the IW is stable on Ambien as need for insomnia as part of his diagnoses. There is no evidence of objective functional improvement associated with the ongoing use of Ambien. The documentation indicates the IW underwent prior acupuncture treatment. Documentation from December 11, 2013 and documentation from April 2, 2014 contains a check the box format with the acupuncture box check. There is no documentation regarding objective functional improvement, symptoms or objective findings. It is unclear by the documentation as to which body parts were treated. The IW has returned to modified work. The current request is for acupuncture 2 to 3 times a week for 4 weeks for the right shoulder, acupuncture 2 to 3 times a week for 4 weeks for the left shoulder, acupuncture 2 to 3 times a week for 4 weeks for the cervical spine, acupuncture 2 to 3 times a week for the lumbar spine, and Zolpidem 10mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2-3x4 for the right shoulder:** 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); Shoulder Section, Acupuncture.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and Official Disability Guidelines, acupuncture two to three times a week for four weeks to the right shoulder is not medically necessary. Acupuncture is recommended as an option for rotator cuff tendinitis, frozen shoulder, subacromial impingement syndrome and rehabilitation following surgery. The guidelines enumerate an initial trial of 3 to 4 visits over two weeks; with evidence of objective functional improvement total up to 8 to 12 visits over 4 to 6 weeks. In this case, the injured worker's working diagnoses are cervical spine multilevel disc bulge 1 to 2 mm/strain/sprain; thoracic spine sprain and strain, negative MRI; lumbar spine 1-2 mm disc bulge/sprain and strain them: bilateral shoulder, right mild ACOA/less negative MRI and MRA; stress, stable; anxiety/depression stable; and insomnia stable with Ambien as needed. A QME was performed on July 10 of 2014. The injured worker's complaints were largely subjective with otherwise unremarkable physical examination. There was tenderness over the cervical spine, trapezius muscles, bilateral deltoids and bicycle group in both shoulders both sacroiliac joints, both sciatic notches and bilateral greater tributary regions. The neurologic evaluation was unremarkable with no signs of radiculopathy. The QME's conclusion indicated there was no objective reasonable finding to justify the level of pain the injured worker was indicating. The documentation indicates the injured worker underwent prior acupuncture treatment. Documentation from December 11, 2013 and documentation from April 2, 2014 contains a check the box format with the acupuncture box checked. There is no documentation regarding objective functional improvement, symptoms or objective findings. The guidelines recommend 8 to 12 visits over 4 to 6 weeks with objective functional improvement. Acupuncture is recommended as an option for rotator cuff tendinitis, frozen shoulder, subacromial impingement syndrome and rehabilitation following surgery. The injured worker did not have any of these conditions. Based on the documentation the total number of visits is unclear and the duration is unclear. Consequently, absent clinical documentation to support repeating acupuncture treatment, evidence of objective functional improvement with acupuncture notes, acupuncture 2 to 3 times per week for four weeks to the right shoulder is not medically necessary.

**Acupuncture 2-3x4 for the left shoulder:** 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); Shoulder Section, Acupuncture.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and official disability guidelines, acupuncture two to three times a week for four weeks to the left shoulder is not medically necessary. Acupuncture is recommended as an option for rotator cuff tendinitis, frozen shoulder, subacromial impingement syndrome and rehabilitation following surgery. The guidelines enumerate initial trial of 3 to 4 visits over two weeks; with evidence of objective functional improvement total up to 8 to 12 visits over 4 to 6 weeks. In this case, the injured worker's working diagnoses are cervical spine multilevel disc bulge 1 to 2 mm/strain/sprain; thoracic spine sprain and strain, negative MRI; lumbar spine 1-2 mm disc bulge/sprain and strain them: bilateral shoulder, right mild ACOA/less negative MRI and MRA; stress, stable; anxiety/depression stable; and insomnia stable with Ambien as needed. A QME was performed on July 10 of 2014. The injured worker's complaints were largely subjective with otherwise unremarkable physical examination. There was tenderness over the cervical spine, trapezius muscles, bilateral deltoids and bicycle group in both shoulders both sacroiliac joints, both sciatic notches and bilateral greater tributary regions. The neurologic evaluation was unremarkable with no signs of radiculopathy. The QME's conclusion indicated there was no objective reasonable finding to justify the level of pain the injured worker was indicating. The documentation indicates the injured worker underwent prior acupuncture treatment. Documentation from December 11, 2013 and documentation from April 2, 2014 contains a check the box format with the acupuncture box check. There is no documentation regarding objective functional improvement, symptoms or objective findings. The guidelines recommend 8 to 12 visits over 4 to 6 weeks with objective functional improvement. . Acupuncture is recommended as an option for rotator cuff tendinitis, frozen shoulder, subacromial impingement syndrome and rehabilitation following surgery. The injured worker did not have any of these conditions. Based on the documentation the total number of visits is unclear and the duration is unclear. Consequently, absent clinical documentation to support repeating acupuncture treatment, evidence of objective functional improvement with acupuncture notes, acupuncture 2 to 3 times per week for four weeks to the left shoulder is not medically necessary.

**Zolpidem 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment

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

**Decision rationale:** Pursuant to the official disability guidelines, Zolpidem 10 mg #30 is not medically necessary. Zolpidem is a short acting non-benzodiazepine hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. Zolpidem can be habit forming and may impair function and memory more than opiate pain relievers. For additional details see the Official

Disability Guidelines. In this case, the injured worker's working diagnoses are cervical spine multilevel disc bulge 1 to 2 mm/strain/sprain; thoracic spine sprain and strain, negative MRI; lumbar spine 1-2 mm disc bulge/sprain and strain them: bilateral shoulder, right mild ACOA/less negative MRI and MRA; stress, stable; anxiety/depression stable; and insomnia stable with Ambien as needed. The documentation indicates the treating physician prescribed Ambien (Zolpidem) as far back as March 6, 2014. The documentation does not contain objective functional improvement as it relates to Zolpidem. Additionally, Zolpidem is indicated for short-term (7 to 10 days) treatment of insomnia the treating physician has clearly exceeded the recommended guidelines for Zolpidem use. Consequently, absent clinical documentation with objective functional improvement in contravention of the recommended guidelines (for 7 to 10 days) treatment of insomnia, Zolpidem 10 mg #30 is not medically necessary.

**Acupuncture 2-3x4 for the cervical spine:** 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); Neck Section, Acupuncture.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and Official Disability Guidelines, acupuncture two to three times a week for four weeks to the cervical spine is not medically necessary. The guidelines enumerate an initial trial of 3 to 4 visits over two weeks; with evidence of objective functional improvement total up to 8 to 12 visits over 4 to 6 weeks. In this case, the injured worker's working diagnoses are cervical spine multilevel disc bulge 1 to 2 mm/strain/sprain; thoracic spine sprain and strain, negative MRI; lumbar spine 1-2 mm disc bulge/sprain and strain them: bilateral shoulder, right mild ACOA/less negative MRI and MRA; stress, stable; anxiety/depression stable; and insomnia stable with Ambien as needed. A QME was performed on July 10 of 2014. The injured worker's complaints were largely subjective with otherwise unremarkable physical examination. There was tenderness over the cervical spine, trapezius muscles, bilateral deltoids and bicycle group in both shoulders both sacroiliac joints, both sciatic notches and bilateral greater tributary regions. The neurologic evaluation was unremarkable with no signs of radiculopathy. The QME's conclusion indicated there was no objective reasonable finding to justify the level of pain the injured worker was indicating. The documentation indicates the injured worker underwent prior acupuncture treatment. Documentation from December 11, 2013 and documentation from April 2, 2014 contains a check the box format with the acupuncture box check. There is no documentation regarding objective functional improvement, symptoms or objective findings. The guidelines recommend 8 to 12 visits over 4 to 6 weeks with objective functional improvement. Based on the documentation the region treated total number of visits and the duration is unclear. Consequently, absent clinical documentation to support repeating acupuncture treatment, evidence of objective functional improvement with acupuncture notes, acupuncture 2 to 3 times per week for four weeks to the cervical spine is not medically necessary.

**Acupuncture 2-3x4 for the lumbar spine:** 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); Low Back Section, Acupuncture.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and Official Disability Guidelines, acupuncture two to three times a week for four weeks to the lumbar spine is not medically necessary. The guidelines enumerate an initial trial of 3 to 4 visits over two weeks; with evidence of objective functional improvement total up to 8 to 12 visits over 4 to 6 weeks. In this case, the injured worker's working diagnoses are cervical spine multilevel disc bulge 1 to 2 mm/strain/sprain; thoracic spine sprain and strain, negative MRI; lumbar spine 1-2 mm disc bulge/sprain and strain them: bilateral shoulder, right mild ACOA/less negative MRI and MRA; stress, stable; anxiety/depression stable; and insomnia stable with Ambien as needed. A QME was performed on July 10 of 2014. The injured worker's complaints were largely subjective with otherwise unremarkable physical examination. There was tenderness over the cervical spine, trapezius muscles, bilateral deltoids and bicycle group in both shoulders both sacroiliac joints, both sciatic notches and bilateral greater tributary regions. The neurologic evaluation was unremarkable with no signs of radiculopathy. The QME's conclusion indicated there was no objective reasonable finding to justify the level of pain the injured worker was indicating. The documentation indicates the injured worker underwent prior acupuncture treatment. Documentation from December 11, 2013 and documentation from April 2, 2014 contains a check the box format with the acupuncture box check. There is no documentation regarding objective functional improvement, symptoms or objective findings. The guidelines recommend 8 to 12 visits over 4 to 6 weeks with objective functional improvement. Based on the documentation the region treated total number of visits and the duration is unclear. Consequently, absent clinical documentation to support repeating acupuncture treatment, evidence of objective functional improvement with acupuncture notes, acupuncture 2 to 3 times per week for four weeks to the lumbar spine is not medically necessary.