

Case Number:	CM15-0006015		
Date Assigned:	01/20/2015	Date of Injury:	04/12/2012
Decision Date:	04/08/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/12/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 73 year old female, who sustained an industrial injury on 4/12/12. She has reported head, neck, left shoulder, left arm and left hip injury after a 100 pound dog jumped on her and she fell back and hit a wall. The diagnoses have included left total shoulder replacement 4/13, status post anterior cervical decompression and fusion with residual pain 3/2014, chronic neck pain, insomnia, anxiety/depression and neuropathic pain in the bilateral upper extremities. Treatment to date has included medications, diagnostics, physical therapy, Home Exercise Program (HEP) and bone stimulator. Surgery included left shoulder replacement 4/19/13 and cervical diskectomy and fusion on 3/27/14. Currently, per the physician progress note dated the injured worker complains of continuous pain in the neck that radiates to her head and right shoulder. The pain is rated 7/10 on pain scale. She has frequent headaches, stiffness in the neck and difficulty sleeping. She states that heat, bone stimulator and medications alleviate the pain. She also complains of left shoulder pain. The pain was rated 1-2/10 on pain scale. The pain increases with reaching, moving arm around and lifting above shoulder level. She states that rest and medications alleviate the pain. The left ankle also gives her intermittent pain with swelling. The pain is rated 1-2/10. The pain worsens with movements and varies throughout the day. The pain is alleviated with medications and rest. The physical exam revealed cervical spine range of motion was decreased to 50 percent of normal. Spurling's test was positive. The bilateral shoulder exam revealed decreased range of motion to left shoulder by 35 percent of normal and impingement sign was positive on the left. The physician noted that the injured worker stated that physical therapy treatment made her pain worse so therefore, recommend a trial of

acupuncture for the treatment of chronic pain. On 1/8/15 utilization Review modified a request for Twelve acupuncture sessions modified to certification of 4 acupuncture sessions and the remaining 8 sessions are non-certified, noting the (MTUS) Medical Treatment Utilization Schedule acupuncture Medical Treatment guidelines was cited. On 1/8/15 Utilization Review non-certified a request for one comprehensive metabolic panel, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain guideline was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One comprehensive metabolic panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines acetaminophen, NSAIDs, GI symptoms & cardiovascular risk Page(s): 12, 68.

Decision rationale: The request is considered not medically necessary. A CMP was ordered to monitor renal and liver function after being on chronic medications. The patient was on Norco which has acetaminophen in it. A total daily dose of 4 gm should not be exceeded due to potential liver dysfunction. The patient has not exceeded this and there is no history of liver dysfunction. According to a October 2014 note, the patient took Celebrex as needed. There was no history of renal dysfunction and given that she is not on this chronically, there is no need to check a CMP at this point. Therefore, the request is considered not medically necessary.

Twelve acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 12 acupuncture sessions is medically unnecessary. By MTUS guidelines, the recommended number of sessions is 3-6 before assessing functional improvement. There has to be documented functional improvement to request more sessions. There is no reasoning documented for requesting 12 sessions. Therefore, the request is not medically necessary as stated.