MAXIMUS Federal Services

Case Number:	CM15-0165897		
Date Assigned:	09/11/2015	Date of Injury:	07/06/2015
Decision Date:	10/15/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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: California
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 39 year old female who sustained an industrial injury on July 06, 2015. The worker was employed as a court clerk who claims cumulative trauma repetitive injuries sustained over the course of employment. The initial report of illness dated August 04, 2015 reported subjective complaint of neck and bilateral shoulder pains. She was diagnosed with the following: cervical spine strain and sprain, and bilateral shoulder strain. Treatment rendered included: recommending physical therapy and acupuncture sessions; Flexeril, and Voltaren gel and undergo an ergonomic workstation evaluation. Objective assessment found tenderness to palpation of the bilateral trapezius muscles and paravertebral muscle and girdle muscle. Recent evaluation notes that the injured worker is also using ibuprofen. The medical records note that physical therapy has been certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS acupuncture medical treatment guidelines state that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3 to 6 treatments. The medical records do not establish that the injured worker has undergone a previous trial of acupuncture treatments. However, the medical records note that the request for physical therapy has been certified. It would be reasonable to complete physical therapy treatment and determine the results prior to proceeding with acupuncture treatments. In addition, the request for 8 sessions exceed the amount recommended for acupuncture trial. The request for Acupuncture 8 visits is not medically necessary and appropriate.

Voltaren gel 1% #200gm x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Diclofenac.

Decision rationale: According to the MTUS guidelines, Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, this medication is being requested for the cervical spine and shoulder. Furthermore, the injured worker is also using ibuprofen and utilization of two anti-inflammatory agents is not supported. Additionally, Diclofenac is not recommended due to higher cardiovascular risk profile. The request for Voltaren gel 1% #200gm x 3 refills is not medically necessary and appropriate.