

Case Number:	CM15-0204318		
Date Assigned:	10/21/2015	Date of Injury:	02/05/2008
Decision Date:	12/08/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 49-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of February 5, 2008. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve a request for 12 sessions of acupuncture and a shoulder trigger point injection. An August 26, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 16, 2015, the applicant reported ongoing complaints of neck pain, shoulder pain, and headaches. The applicant was apparently using and/or given refills of multiple medications to include Motrin, tramadol, and a laxative agent. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working. On August 20, 2015, 12 sessions of acupuncture and a shoulder trigger point injection were sought. Once again, the applicant's work status was not explicitly detailed, although the treating provider suggested that the applicant was not working by writing that the applicant had a "settled case with open future medical care." The applicant was using tramadol for pain relief. The applicant reported difficulty-sleeping secondary to pain. Pain complaints at 6-7/10 were reported. The request for acupuncture was framed as a renewal or extension request for the same, the treating provider suggested. The applicant was given diagnosis of shoulder sprain, myofascial pain, elbow sprain, wrist sprain, constipation, reflux, and a history of gastric ulcer. There was no mention of whether or not the applicant had or had not prior trigger point injections or not. The applicant exhibited positive signs of internal impingement about the injured shoulder, it was incidentally noted, along with painful range of motion about the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture left shoulder (visits) Qty: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: No, the request for 12 sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a acknowledged that acupuncture can be employed for a wide variety of purposes, including in the chronic pain context present here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.1.c1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is 3 to 6 treatments. Here, thus, the request for 12 acupuncture treatments represented treatment at a rate of 2 to 4 times MTUS parameters. The attending provider failed to furnish a clear or compelling rationale for such a lengthy, protracted course of therapy beyond the MTUS parameters. Therefore, the request was not medically necessary.

Trigger point injection left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Similarly, the request for a trigger point injection for the left shoulder was likewise not medically necessary, medically appropriate, or indicated here. While page 122 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that trigger point injections are recommended for myofascial pain syndrome with limited lasting value, here, however, the attending provider's August 26, 2015 office visit suggested that the applicant had issues with internal impingement about the shoulder. The applicant exhibited painful range of motion about the injured shoulder with positive provocative testing, it was acknowledged on that date. It did not appear that the applicant's shoulder pain complaints were the result of myofascial type pain complaints. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulate that the pursuit of repeat trigger point injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the August 20, 2015 office visit at issue made no mention whether the applicant had or not had prior trigger point injections. The applicant's response to the same (if any) was not clearly detailed or characterized on that date. Therefore, the request was not medically necessary.