

<b>Case Number:</b>	CM15-0204438		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	01/31/2012
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old female, who sustained an industrial injury on 1-31-12. Medical records indicate that the injured worker is undergoing treatment for cervical spine pain, left shoulder pain, cervical spine multilevel degenerative disc disease, cervical spine and left upper limb girdle myofascial pain and an interstitial tear infraspinatus of the left shoulder. The injured worker is working with restrictions. On (9-9-15) the injured worker complained of pain and limitations of the left shoulder. The injured worker had completed 8 acupuncture treatments and noted improvement in pain and motion of her neck. The improvement in the left shoulder was less. Examination of the left shoulder revealed tenderness to palpation over the anterior axilla, a positive impingement sign and a decreased and painful range of motion. Biceps and Triceps strength was 4-5 out of 5 due to pain. Cervical spine examination revealed tenderness to palpation and a decreased and painful range of motion. The injured worker did not note gastrointestinal symptoms and there is no documentation of a history of gastrointestinal disease. Treatment and evaluation to date has included medications, psychological consultation, chiropractic treatments, left shoulder Arthrogram, physical therapy, cortisone injection to the left shoulder and acupuncture treatments (8). Current medications include omeprazole (since February of 2015) and Naproxen. The current treatment requests include for omeprazole 20 mg # 30 and acupuncture treatments two times a week for four weeks to the left shoulder and cervical spine. The Utilization Review documentation dated 9-21-15 non-certified the requests for omeprazole 20 mg # 30 and acupuncture treatments two times a week for four weeks to the left shoulder and cervical spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture to the left shoulder and cervical spine (8-sessions, 2 times a week for 4 weeks):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Based on the 9/13/15 progress report provided by the treating physician, this patient presents with neck pain, left shoulder pain and left wrist pain. The treater has asked for Acupuncture to the left shoulder and cervical spine (8-sessions, 2 times a week for 4 weeks) on 9/13/15. The request for authorization was not included in provided reports. The patient is s/p 8 acupuncture treatments with improvement in pain/motion of her neck but less improvement in left shoulder per 9/13/15 report. The patient has ongoing pain in the left wrist with sharp pain distal to radius on flexion and deviation per 9/13/15 report. The patient has failed conservative treatment including physical therapy, chiropractic treatment, acupuncture treatment, work modifications, cortisone injection to left shoulder per 9/13/15 report. The 6/24/15 report states the patient has had no prior acupuncture or physical therapy to the left shoulder. The patient returned to modified work on 9/9/15 per 9/13/15 report. MTUS Guidelines, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments; (ii) Frequency: 1 to 3 times per week; (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." The treater is requesting acupuncture "2x4 to the left shoulder and c/s" per 9/13/15 report. Utilization review letter dated 9/21/15 denies request as the patient is stated to be attending acupuncture without documentation of benefit. Acupuncture treatment history is not provided to determine if patient had prior sessions. However, it appears the patient had a prior trial of acupuncture for the shoulder and cervical spine sometime between 6/24/15 and 9/13/15 reports, as it was requested in 6/24/15 report and the 9/13/15 report states the patient had prior acupuncture. Without documentation of functional improvement from prior treatment, the request for an additional 8 acupuncture sessions is not accordance with MTUS guidelines. Therefore, the request is not medically necessary.

**Omeprazole 20mg, 1 tab every day, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Based on the 9/13/15 progress report provided by the treating physician, this patient presents with neck pain, left shoulder pain and left wrist pain. The treater has asked for Omeprazole 20mg, 1 tab every day, #30 on 9/13/15. The request for authorization was not

included in provided reports. The patient is s/p 8 acupuncture treatments with improvement in pain/motion of her neck but less improvement in left shoulder per 9/13/15 report. The patient has ongoing pain in the left wrist with sharp pain distal to radius on flexion and deviation per 9/13/15 report. The patient has failed conservative treatment including physical therapy, chiropractic treatment, acupuncture treatment, work modifications, cortisone injection to left shoulder per 9/13/15 report. The 6/24/15 report states the patient has had no prior acupuncture or physical therapy to the left shoulder. The patient returned to modified work on 9/9/15 per 9/13/15 report. MTUS, NSAIDs, GI symptoms & cardiovascular risk section, pg. 68, 69: that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65, 2. History of peptic ulcer disease and GI bleeding or perforation, 3. Concurrent use of ASA or corticosteroid and/or anticoagulant, 4. High dose/multiple NSAID. NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. Prilosec has been prescribed since 2/20/15 report and in subsequent reports dated 5/5/15, 6/24/15, and 9/13/15. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. However, there is also no documentation of any GI issues such as GERD, gastritis or PUD for which a PPI may be indicated. Although the treater indicates the patient is on NSAID therapy, there is no documentation on the reports as to how the patient is doing with the PPI, and its efficacy. Therefore, the request is not medically necessary.