

Case Number:	CM15-0029932		
Date Assigned:	02/23/2015	Date of Injury:	09/21/2012
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/17/2015

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 York
 Certification(s)/Specialty: Internal 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 injured worker is a 50 year old female who sustained an industrial injury on 9/21/12 involving her right shoulder due to repetitive computer work. She currently complains of pain and has pain level of 8/10 per 9/25/14 progress note. There are no medications listed. Diagnoses include cervical spine disc bulge; right shoulder surgery (9/21/12); left shoulder strain; right and left elbow strain; right wrist and hand strain; depression. Treatments to date include medications, physical and manipulating therapy, injections to the shoulder, shockwave therapy. Diagnostics include cervical MRI. There was no recent progress note indicating the requested treatments. On 1/21/15 Utilization review non-certified the requests for acupuncture 2X6, cervical spine and shoulders; psychological follow up visit; Pain Management follow up visit; orthopedic consult for positive cervical MRI citing MTUS: Acupuncture Medical treatment Guidelines; ACOEM AND ODG: Low Back Chapter; ACOEM and ODG: Low Back Chapter; ACOEM respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6, cervical spine and shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Medical Fee Schedule Manual

(OMFS) pursuant to sections 9789.10-9789-111; and a reduction in the dependency on continued medical treatment.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The MTUS/Acupuncture medical treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented as defined by the guidelines further treatment will be considered. In this there is no documentation of the number of prior acupuncture treatments and no documentation of functional improvement from previous acupuncture treatments. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Psych Follow-up visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines; Evaluation and Management (E&M) outpatient visits; ODG, low back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: Per the reviewed guidelines referral to a specialist is indicated if a diagnosis is uncertain or extremely complex, or when the plan or course of care may benefit from additional expertise. The claimant has a diagnosis of anxiety and depression and specialty follow-up is indicated to assess response to therapy. Medical necessity for the requested service has been established. The requested service is medically necessary.

Pain Management Follow-up visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines; Evaluation and Management (E&M) outpatient visits. ODG, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: Per the reviewed guidelines, referral to a specialist is indicated if a diagnosis is uncertain or extremely complex, or when the plan or course of care may benefit from additional expertise. The claimant has a diagnosis of chronic pain with associated anxiety and depression. Per the documentation the claimant has required medical therapy, physical therapy, chiropractic care, acupuncture, shock wave therapy and injection therapy. Pain management

specialty follow-up is indicated to assess response to therapy and outline future treatment recommendations. Medical necessity for the requested service has been established. The requested service is medically necessary.

Orthopedic consult for positive cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: Per the reviewed guidelines, referral to a specialist is indicated if a diagnosis is uncertain or extremely complex, or when the plan or course of care may benefit from additional expertise. The claimant has a diagnosis of chronic pain with associated anxiety and depression. Per the documentation the claimant has required medical therapy, physical therapy, chiropractic care, acupuncture, shock wave therapy and injection therapy. Pain management specialty follow-up is indicated to assess response to therapy and outline future treatment recommendations. Medical necessity for the requested service has been established. The requested service is not medically necessary.