

Case Number:	CM15-0211415		
Date Assigned:	10/30/2015	Date of Injury:	08/05/2013
Decision Date:	12/15/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 60 year old female, who sustained an industrial injury on 8-05-2013. The injured worker is being treated for cervical, thoracic and lumbar strain, cervical disc protrusion C3-4 with degenerative changes, lumbar disc protrusion L2-3-4-5 with degenerative changes, right rotator cuff tendinitis and impingement syndrome, status post contusion-straining injury right wrist and closed head injury. Treatment to date has included physical therapy, medications, and diagnostics. Per the Primary Treating Physician's Progress Report dated 10-01-2015, the injured worker presented for orthopedic evaluation. She has not received her initial acupuncture and does not note improvement with her continued self-treatment. Objective findings included mild, right, lower muscle spasm and tenderness to palpation over the paravertebral muscles of the cervical, thoracic and lumbar spine. Right shoulder examination revealed tenderness over the right shoulder girdle with parascapular and trapezial tenderness noted. The notes from the provider do not document efficacy of the prescribed medications Work status was temporarily totally disabled for 6 weeks. The plan of care included, and authorization was requested for 12 additional acupuncture sessions for the cervical spine, lumbar spine and right shoulder and pain management reevaluation regarding injections. On 10-20-2015, Utilization Review non-certified the request for additional acupuncture therapy for the cervical spine, lumbar spine and right shoulder and pain management reevaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture therapy 12 sessions for the cervical spine, lumbar spine and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing ongoing pain. There was no discussion suggesting the reason additional sessions would be of benefit or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for twelve additional acupuncture sessions for the upper and lower back regions and right shoulder done at an unspecified frequency is not medically necessary.

Pain management, re-evaluation regarding injections. Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 6.

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

Decision rationale: The MTUS Guidelines encourage the use of specialist consultation when needed in order to more quickly return the worker to a functional state. Consultation with pain management specialists is specifically supported before a trial of opioid medication if the worker's complaints do not match the examination and/or imaging findings and/or there are psychosocial concerns, the worker requires more opioid medication than the equivalent of morphine 120mg daily, or the worker is not tolerating opioid weaning. The submitted and reviewed records indicated the worker was experiencing lower ongoing pain. These records did not suggest any of the above situations were occurring. There was no discussion suggesting how this consultation would be helpful or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a re-evaluation by a pain management specialist for treatment with unspecified injections is not medically necessary.