

<b>Case Number:</b>	CM15-0080160		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	11/04/2009
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 51 year old male, who sustained an industrial injury on November 4, 2009. The injured worker has been treated for neck complaints. The diagnoses have included cervical pain and cervical post-laminectomy syndrome. Treatment to date has included medications, radiological studies, acupuncture sessions and cervical spine surgery. Current documentation dated March 24, 2015 notes that the injured worker reported ongoing neck pain. The pain was rated a seven out of ten on the visual analogue scale with medications. Cervical spine examination revealed a painful and restricted range of motion. Examination of the thoracic spine revealed tenderness and paravertebral muscle spasms bilaterally. Left shoulder examination showed tenderness, restricted internal rotation and a positive Hawkin's test. The treating physician's plan of care included a request for OxyContin ER 40 mg # 60 for weaning and acupuncture sessions to the cervical spine # 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, 6 Sessions, Cervical Spine:** Upheld

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

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

**Decision rationale:** The patient is a 51 year old male with an injury on 11/04/2009. He had a cervical laminectomy and has chronic neck pain. He has a decreased cervical range of motion and left shoulder pain. He completed at least 6 visits of acupuncture. MTUS guidelines note that 3 to 6 acupuncture visits may be necessary but for more visits there must be objective documentation of significant improvement. This was not documented and continued acupuncture is not medically necessary.

**Oxycontin ER (extended release) 40 mg (2 times daily) Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81, 124. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 51 year old male with an injury on 11/04/2009. He had a cervical laminectomy and has chronic neck pain. He has a decreased cervical range of motion and left shoulder pain. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore the request is not medically necessary.