

Case Number:	CM15-0086344		
Date Assigned:	05/08/2015	Date of Injury:	05/06/2014
Decision Date:	06/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/05/2015

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: Emergency 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 45 year old male patient who sustained an industrial injury on 05/06/2014. The injury is described as a slip and fall resulting in immediate pain to the lower back along with right shoulder pain. A supplemental report dated 10/06/2014 reported the patient with subjective complaint of experiencing considerable pain in the right shoulder, particularly with any overhead use or lifting. The plan of care noted with recommendation to undergo arthroscopy of the right shoulder. He is scheduled to undergo a magnetic resonance imaging scan of the lumbar spine on 10/07/2014 and will remain on modified work duty. Objective findings from examination on 09/08/2014 reported right shoulder with very painful range of motion. There is weakness of abduction and forward flexion; along with a positive O'Brien's test. There is also diffuse tenderness to palpation in the cervical and lumbar spines. There is moderate paraspinous muscle spasm present in the lumbar spine. There is also slightly diminished sensation on the dorsal and lateral aspects of bilateral lower extremities. The impression noted cervical and lumbosacral strains/sprains secondary to injury while at work; extensive labral tearing right shoulder and moderate to severe tendinosis of the supraspinatus tendon and long head of the biceps, and persistent symptomology lumbar spine despite activity modification, anti-inflammatory medication and physical therapy. Present subjective complaints are: persistent neck and lower back pain as well as right shoulder pain. A recent follow up visit dated 04/01/2015 described the patient with subjective complaint of ongoing neck, right shoulder, and low back pains. The low back pain also radiates down into buttocks. Of note, he

has been unable to take any oral medications secondary to gastric ulcers. He was given a prescription for 8 sessions of acupuncture, and will continue a modified work duty

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per MTUS acupuncture treatment guidelines, a trial of up to 6 sessions may be attempted before more sessions are recommended. Any additional sessions may only be recommended if there is documentation of objective functional and pain improvement. The number of requested sessions exceed guideline recommendation and is not medically necessary.

Voltaren Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per MTUS Chronic Pain Guidelines topical analgesics such as Voltaren (Diclofenac) have poor evidence to support its use but may have some benefit in osteoarthritis related pain. Diclofenac has evidence for its use in in joints that lend itself for treatment such as knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Area of use is neck and low back, which has poor evidence for efficacy as per guidelines. The request is also incomplete with no noted dose or total amount of gel requested. Due to not meeting guideline recommendations and incomplete request, "Voltaren gel" is not medically necessary.