

Case Number:	CM15-0006075		
Date Assigned:	01/20/2015	Date of Injury:	02/01/2011
Decision Date:	03/23/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/12/2015

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 34-year-old male who reported an injury on 02/01/2011. The mechanism of injury was due to repetitive lifting and carrying. His diagnoses included lumbar sprain/strain and thoracic sprain/strain. His past treatments include acupuncture, injections, medications, and physical therapy. On 10/01/2014, the injured worker complained of cervical pain, shoulder pain, and lumbar pain. The injured worker had no shoulder complaints. The physical examination of the shoulder revealed absence of atrophy, redness, swelling, or discoloration in the upper extremities. All shoulder tests were indicated to be negative bilaterally. Motor was indicated to be within normal limits bilaterally along with intact sensation and deep tendon reflexes with normal values. His relevant medications were not provided for review. The treatment plan included acupuncture for the shoulder twice a week for 4 weeks and psychological consultation. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the shoulders, twice weekly for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture for the shoulders, twice weekly for four weeks is not medically necessary. According to the California MTUS Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated; it may also be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines recommend a time to produce functional improvement of 3 to 6 treatments with clinical information documented as improved functional improved. The injured worker was indicated to have had previous acupuncture treatments. However, there was lack of documentation in regard to the number of previous session's completed or objective functional improvement from the previous acupuncture sessions. In addition, there was lack of a shoulder physical examination for review. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Psychological consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological evaluations Page(s): 100-101.

Decision rationale: The request for a psychological consultation is not medically necessary. According to the California MTUS Guidelines, psychological evaluations are indicated to further determine psychosocial interventions to distinguish between conditions that are pre-existing or aggravated by a current injury or work related. Furthermore, the guidelines indicate that the evaluations provide should conditions with a better understanding of the patient in their social environment along for more effective rehabilitation. The injured worker was indicated to have chronic cervical lumbar spine pain. However, there was lack of documentation upon physical examination to indicate the injured worker has any psychiatric indications requiring the psychological evaluation to distinguish between his condition that are pre-existing or are aggravated by the work related injury. Furthermore, there was lack of a clear rationale to indicate the medical necessity for a psychological evaluation. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.