

<b>Case Number:</b>	CM15-0018050		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	06/14/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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 52-year-old female injured worker suffered and industrial injury on 6/14/2014. The diagnoses were degenerative joint disease of the lumbar spine with radiculitis, cervical sprain/strain with radicular syndrome and lumbar/thoracic strain/sprain. The diagnostic studies were lumbar magnetic resonance imaging, x-rays of the shoulders and cervical spine. The treatments were medications and physical therapy. The Utilization Review Determination on 1/24/2015 non-certified: 1. Pain management consult with [REDACTED], citing ACOEM. 2. Acupuncture 2x4, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult/ Referral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Medical Examinations and Consultations regarding referrals, Chapter 7

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

**Decision rationale:** Per the 12/30/14 report by [REDACTED], Orthopaedic Surgeon, the patient presents with radiating lower back pain. Her diagnoses include strain/sprain of the shoulder. The current request is for CONSULT/REFERRAL per the 01/08/15 RFA and the 12/30/14 report which state this request is for pain management. The patient is not working. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, this request is indeterminate regarding the type of consult requested. The MTUS page 8 states the physician must monitor the patient's progress and make appropriate recommendations. Without a clear statement of the request, the request IS NOT medically necessary.

**Acupuncture 2x4 to Lumbar/Shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** Per the 12/30/14 report by [REDACTED], Orthopaedic Surgeon, the patient presents with radiating lower back pain. Her diagnoses include strain/sprain of the shoulder. The current request is for ACUPUNCTURE 2 X 4 TO LUMBAR/SHOULDER per the 01/08/15 RFA and 12/30/14 report. The patient is not working. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week. (iii) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented." The treater does not discuss the reason for this request in the reports provided. The treater notes, the patient trialed at least 11 sessions of physical therapy for the lumbar spine that did not help. There is no evidence of prior acupuncture treatment for this patient. In this case, the patient is documented with chronic lower back and shoulder pain and it appears the treater is requesting a trial of Acupuncture after the patient failed physical therapy. However, the 8 visits requested exceed what is allowed by the MTUS guidelines which allow an initial trial of 3 to 6 treatments with subsequent visits with documented functional improvement. Therefore, the request IS NOT medically necessary.