

Case Number:	CM15-0113878		
Date Assigned:	06/22/2015	Date of Injury:	06/21/2012
Decision Date:	07/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40-year-old male who sustained an industrial injury on 06/21/12. Initial complaints and diagnoses are not available. Treatments to date include medications, acupuncture, a TENS unit, and home exercise program. Diagnostic studies are not addressed. Current complaints include right foot and right shoulder pain. Current diagnoses include complex regional pain syndrome right foot, degenerative joint disease right shoulder, situational stress and lack of resources secondary to industrial injury. In a progress note dated 04/27/15, the treating provider reports the plan of care as physical therapy, acupuncture, steroid injection of the right hip and sympathetic nerve block. The requested treatments include acupuncture and physical therapy to the right shoulder and a lumbar sympathetic nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture right shoulder 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official medical fee schedule page 9.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This claimant was injured in 2012. Treatments have been medication, acupuncture, TENS and home exercise. The objective, functional improvements out of the documented prior acupuncture and physical therapy are not provided. The MTUS notes frequency and duration of acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This frequency and duration requested is above guides as to what may be effective, as acupuncture was done in the past, and there was no objective documentation of effective functional improvement in the claimant. The sessions were not medically necessary under the MTUS Acupuncture criteria.

Physical therapy right shoulder 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines passive therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 of 127.

Decision rationale: This claimant was injured in 2012. Treatments have been medication, acupuncture, TENS and home exercise. The objective, functional improvements out of the documented prior acupuncture and physical therapy are not provided. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. In addition, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. In addition, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was appropriately not medically necessary.

Lumbar sympathetic nerve block: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, sympathetic or stellate blocks.

Decision rationale: This claimant was injured in 2012. There has been extensive past treatments including injections. There is alleged complex regional pain syndrome. There is mention of trying the block. Overt signs of reflex sympathetic dystrophy meeting Hardin or other well-established chronic regional pain guidelines are not provided. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding sympathetic or stellate ganglion injections, the ODG notes: Recommendations are generally limited to diagnosis and therapy for CRPS. There is limited evidence to support this procedure, with most studies reported being case studies. Given the marginal endorsement in the evidence based guideline, and the unclear signs of chronic regional pain syndrome, the request is not medically necessary.