

Case Number:	CM15-0116192		
Date Assigned:	06/24/2015	Date of Injury:	10/21/2010
Decision Date:	07/23/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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:

This is a 63 year old female with an October 21, 2010 date of injury. A progress note dated May 29, 2015 documents subjective complaints (bilateral shoulder pain rated at a level of 3/10; headache; insomnia), objective findings (tenderness to palpation of the cervical paraspinals; hypertonicity of the bilateral superior trapezius; decreased range of motion of the right shoulder), and current diagnoses (rotator cuff syndrome; chronic pain syndrome; myofascial pain). Treatments to date have included medications. The treating physician documented a plan of care that included acupuncture for the left shoulder and Vistaril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/vistaril.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Vistaril.

Decision rationale: This is a 63 year old female with an October 21, 2010 date of injury. There are still subjective complaints of bilateral shoulder pain rated at a level of 3/10; headache; insomnia and objective tenderness. The current diagnoses are rotator cuff syndrome; chronic pain syndrome; and myofascial pain. Treatments to date have included medications. Functional improvement outcomes out of past acupuncture are not noted. There is no documentation of nausea. 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. Per the PDR, these medicines are used for anxiety, itching, nausea, insomnia, and as an adjunct to anesthesia. There is mention of insomnia, but no other criteria that might drive the need for Vistaril. The request is not medically necessary.

Additional six Acupuncture left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As shared, this is a 63 year old female with an October 21, 2010 date of injury. There are still subjective complaints of bilateral shoulder pain rated at a level of 3/10; headache; insomnia and objective tenderness. The current diagnoses are rotator cuff syndrome; chronic pain syndrome; and myofascial pain. Treatments to date have included medications. Functional improvement outcomes out of past acupuncture are not noted. The MTUS notes frequency and duration of acupuncture or 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, and there is no objective documentation of effective functional improvement in the claimant. The sessions are not medically necessary under the MTUS Acupuncture criteria.