

Case Number:	CM15-0122145		
Date Assigned:	07/02/2015	Date of Injury:	01/14/2014
Decision Date:	08/25/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/23/2015

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:

This 42-year-old female sustained an industrial injury to the right foot, low back and left shoulder on 1/14/14. Previous treatment included magnetic resonance imaging, physical therapy, home exercise and medications. Magnetic resonance imaging left shoulder (2/5/15) showed subacromial subdeltoid bursitis, mild supraspinatus and infraspinatus tendinitis and or strain without evidence of rotator cuff tears. In a PR-2 dated 5/29/15, the injured worker complained of pain to the left shoulder, low back and right foot. The injured worker stated that recent physical therapy gave her some relief to lumbar spine symptoms. The injured worker stated that she was improving. The injured worker reported that her right shoulder and low back were feeling better with less pain. The injured worker stated that she still had constant right knee and right foot pain. The injured worker was requesting an ergonomic workstation, acupuncture and access to chronic pain management. Physical exam was remarkable for right foot with tenderness to palpation over the right heel, left shoulder with positive impingement and O'Brien's tests and decreased range of motion and lumbar spine with pain upon forward flexion, 5/5 lower extremity motor strength bilaterally. The injured worker could heel-toe walk. Current diagnoses included left shoulder pain, left shoulder impingement, left shoulder rotator cuff arthropathy, lumbago with radiculopathy and spondylolisthesis at L4-5 and right foot plantar fasciitis. The treatment plan included six sessions of acupuncture to the left shoulder and lumbar spine and requesting authorization for chronic pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times weekly for the left shoulder quantity 6.00: Overturned

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: The patient presents on 05/29/15 with unrated left shoulder, lower back, and right foot pain. The patient's date of injury is 01/14/14. Patient has no documented surgical history directed at these complaints. The request is for ACUPUNCTURE 2 TIMES WEEKLY FOR THE LEFT SHOULDER QUANTITY 6.00 (SESSIONS). The RFA is dated 06/02/15. Physical examination dated 05/29/15 reveals a protuberant abdomen with weak abdominal muscles, tenderness to palpation over the right foot/heel consistent with plantar fasciitis, positive impingement sign and Obrien test in the left shoulder, and reduced left shoulder range of motion in all planes. The patient is currently prescribed Amlopidine, Benzapril, and Ibuprofen. Diagnostic imaging included MRI of the left shoulder dated 02/05/15; significant findings include "Subacromial subdeltoid bursitis... Mild supraspinatus and infraspinatus tendinitis and/or strain..." Patient is currently working with modified duties. Chronic Pain Medical Treatment Guidelines, page 13 for acupuncture states: "See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section." This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. In regard to the 6 sessions of acupuncture for this patient's chronic shoulder pain, the request is appropriate. There is no evidence that this patient has had any acupuncture to date. MTUS guidelines specify 3 to 6 treatments initially, with additional acupuncture contingent on improvements. Given the lack of acupuncture, treatment directed at a patient's shoulder pain complaints to date, and the conservative nature of such therapies, 6 sessions are appropriate and could produce significant benefits for this patient. Therefore, the request IS medically necessary.

Consult and unspecified treatment with a pain management specialist, left shoulder, low back and right foot quantity 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: The patient presents on 05/29/15 with unrated left shoulder, lower back, and right foot pain. The patient's date of injury is 01/14/14. Patient has no documented surgical history directed at these complaints. The request is for CONSULT AND UNSPECIFIED

TREATMENT BY PAIN MANAGEMENT SPECIALIST, LEFT SHOULDER, AND RIGHT FOOT QUANTITY 1.00. The RFA is dated 06/02/15. Physical examination dated 05/29/15 reveals a protuberant abdomen with weak abdominal muscles, tenderness to palpation over the right foot/heel consistent with plantar fasciitis, positive impingement sign and Obrien test in the left shoulder, and reduced left shoulder range of motion in all planes. The patient is currently prescribed Amlopidine, Benzapril, and Ibuprofen. Diagnostic imaging included MRI of the left shoulder dated 02/05/15, significant findings include "Subacromial subdeltoid bursitis... Mild supraspinatus and infraspinatus tendinitis and/or strain..." Patient is currently working with modified duties. American College of Occupational and Environmental Medicine -ACOEM-, 2nd Edition, -2004- ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In regard to the request for an initial consultation with a pain management, the referral is appropriate. Progress reports provided do not indicate that this patient has consulted a pain specialist to date. The most recent progress report, dated 05/29/15 discusses the need for pain specialist management citing this patient's continuing unresolved pain complaints. The patient's chronic pain symptoms could benefit from additional specialist treatment and such consultations are supported by guidelines at the care provider's discretion. Therefore, the request IS medically necessary.

Acupuncture 2 times weekly for the lumbar spine quantity 6.00: Overturned

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: The patient presents on 05/29/15 with unrated left shoulder, lower back, and right foot pain. The patient's date of injury is 01/14/14. Patient has no documented surgical history directed at these complaints. The request is for ACUPUNCTURE 2 TIMES WEEKLY FOR THE LUMBAR SPINE QUANTITY 6.00. The RFA is dated 06/02/15. Physical examination dated 05/29/15 reveals a protuberant abdomen with weak abdominal muscles, tenderness to palpation over the right foot/heel consistent with plantar fasciitis, positive impingement sign and Obrien test in the left shoulder, and reduced left shoulder range of motion in all planes. The patient is currently prescribed Amlopidine, Benzapril, and Ibuprofen. Diagnostic imaging included MRI of the left shoulder dated 02/05/15; significant findings include "Subacromial subdeltoid bursitis... Mild supraspinatus and infraspinatus tendinitis and/or strain..." Patient is currently working with modified duties. Chronic Pain Medical Treatment Guidelines, page 13 for acupuncture states: "See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section." This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if

there is functional improvement, then the treatment can be extended. In regard to the 6 sessions of acupuncture for this patient's chronic lower back pain, the request is appropriate. There is no evidence that this patient has had any acupuncture to date. MTUS guidelines specify 3 to 6 treatments initially, with additional acupuncture contingent on improvements. Given the lack of acupuncture treatment directed at this patient's lower back pain complaints to date, and the conservative nature of such therapies, 6 sessions are appropriate and could produce significant benefits for this patient. Therefore, the request IS medically necessary.

Treatment with a pain management specialist, left shoulder, low back and right foot quantity 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: The patient presents on 05/29/15 with unrated left shoulder, lower back, and right foot pain. The patient's date of injury is 01/14/14. Patient has no documented surgical history directed at these complaints. The request is for TREATMENT WITH A PAIN MANAGEMENT SPECIALIST, LEFT SHOULDER, and LOW BACK AND RIGHT FOOT QUANTITY 1.00. The RFA is dated 06/02/15. Physical examination dated 05/29/15 reveals a protuberant abdomen with weak abdominal muscles, tenderness to palpation over the right foot/heel consistent with plantar fasciitis, positive impingement sign and Obrien test in the left shoulder, and reduced left shoulder range of motion in all planes. The patient is currently prescribed Amlodipine, Benzapril, and Ibuprofen. Diagnostic imaging included MRI of the left shoulder dated 02/05/15, significant findings include "Subacromial subdeltoid bursitis... Mild supraspinatus and infraspinatus tendinitis and/or strain..." Patient is currently working with modified duties. American College of Occupational and Environmental Medicine -ACOEM-, 2nd Edition, -2004- ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In regard to the request for an initial consultation with a pain management, the referral is appropriate. Progress reports provided do not indicate that this patient has consulted a pain specialist to date. The most recent progress report, dated 05/29/15 discusses the need for pain specialist management citing this patient's continuing unresolved pain complaints. The patient's chronic pain symptoms could benefit from additional specialist treatment and such consultations are supported by guidelines at the care provider's discretion. Therefore, the request IS medically necessary.