

Case Number:	CM15-0125764		
Date Assigned:	07/10/2015	Date of Injury:	09/15/2011
Decision Date:	08/19/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 49-year-old female who sustained an industrial injury on 9/15/11. Diagnoses are lumbar spine musculoligamentous strain/sprain with radiculitis; lumbar spine discogenic disease per injured worker's history, right shoulder strain/sprain; tendinitis, rule out right shoulder impingement syndrome, right wrist strain/sprain, and right 2nd finger tenosynovitis. In a progress report dated 5/13/15, a primary treating physician notes subjective complaints of pain rated at 9/10 in the lower back, right shoulder at 8/10, and right hip rated at 9/10. She also complains of pain and numbness in the right wrist/hand at 8/10. The pain has increased since the previous visit. Objective findings of the lumbar spine note grade 3 tenderness to palpation over the paraspinal muscles, restricted range of motion and a positive straight leg raise test bilaterally. The right shoulder has grade 3 tenderness to palpation, has restricted range of motion and impingement and supraspinatus tests are positive. The right wrist, right hand, and right hip have grade 3 tenderness to palpation. Previous treatment includes at least 2 sessions of physical therapy, psychotherapy, Effexor, Zoloft, Ibuprofen, topical compound creams, a cortisone injection, an arm brace, MRI of the right hand, MRI of the lumbar spine, and MRI of the right shoulder. Work status is temporary total disability until 6/24/15. The requested treatment is 12 acupuncture sessions, x-rays of the lumbar spine (5 views), 4 Extracorporeal Shock Wave sessions of the right shoulder, and a consultation with weight management.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Guidelines are very specific with the recommendation that 3-6 sessions of acupuncture are adequate for most conditions and continued treatment should only continued with objective functional improvements. Acupuncture was initially ordered in '12, but it is not clear how many sessions were completed. This request for 12 sessions greatly exceeds Guideline recommendations and there are no unusual circumstances to justify an exception to Guidelines. The 12 Acupuncture Sessions are not medically necessary.

X-Rays of The Lumbar Spine (5 Views): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Lumbar films are not Guideline supported unless there are specific supporting diagnosis or a "red flag condition" is suspected. This individual does not meet the Guideline criteria. A lumbar MRI was completed in '13, which revealed mild to moderate widespread spondylosis. There were no fractures or suspected instability. There are no reported "red flag" concerns and no clinical indications to support surgical intervention. Under these circumstances the purpose of the x-rays are not clear and not supported by Guidelines with the current documentation. The X-Rays of The Lumbar Spine (5 Views) are no medically necessary.

4 Extracorporeal Shockwave Therapy Sessions of The Right Shoulder: 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) Shoulder/Extracorporeal shockwave therapy.

Decision rationale: MTUS Guidelines does not address this issue in adequate detail. The ODG Guidelines address this in detail and a few treatments of shockwave therapy are recommended only if the specific diagnosis of calcific tendonitis is supported. This individual's shoulder does not meet this criteria. Diagnostic testing does not support this qualifying diagnosis and for this individuals diagnosis of rotator cuff tendinosis this treatment is not recommended. The request for 4 Extracorporeal Shockwave Therapy Sessions of The Right Shoulder is not supported by Guidelines and is not medically necessary.

Consultation with Weight Management: 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
http://www.hopkinsmedicine.org/news/media/releases/few_commercial_weight_loss_programs_show_reliable_evidence_of_effectiveness_johns_hopkins_reports.

Decision rationale: MTUS Guidelines and ODG Guidelines do not address weight loss, as this is not known to be an effective treatment for this individual's condition. There is no documentation by the treating physicians of this patient's current weight prior weight, weight trajectory or this individual's motivation for weight loss. Best evidence does not support medical management of a long term successful weight loss program as approaches such as [REDACTED] [REDACTED] has better long term success than medically managed programs. The request for consultation with weight management is not consistent with evidenced based medical practice and the current documentation does not support it as being medically necessary.