

Case Number:	CM15-0028490		
Date Assigned:	02/20/2015	Date of Injury:	06/22/2011
Decision Date:	04/03/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/13/2015

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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of June 22, 2011. In a Utilization Review Report dated January 13, 2015, the claims administrator denied a request for a referral to pain management and 12 sessions of acupuncture. The claims administrator referenced a November 10, 2014 progress note in its determination. Non-MTUS ODG Guidelines were invoked to deny the acupuncture, despite the fact that the MTUS addresses the topic. The claims administrator also seemingly referenced non-MTUS Chapter 7 ACOEM Guidelines, also mislabeled as originating from the MTUS. Finally, the claims administrator also invoked the now-outdated 2007 MTUS Acupuncture Medical Treatment Guidelines in its determination, once again, mislabeling/misrepresenting the same as originating from the MTUS. An RFA form of January 8, 2015 was also referenced. The claims administrator contented that the applicant had had 12 prior sessions of acupuncture through the date of the request. The applicant's attorney subsequently appealed. On January 5, 2015, the applicant reported ongoing complaints of neck, shoulder, and elbow pain. The applicant had received recent physical therapy and acupuncture, the treating provider acknowledged. The applicant was given refills of Voltaren gel, Prilosec, naproxen, and Neurontin. The applicant was given diagnoses of chronic neck pain and chronic shoulder pain status post earlier shoulder surgery. The applicant's work status was not furnished. On November 24, 2014, the applicant was described as working despite ongoing pain complaints. Naproxen, Voltaren, and Prilosec were endorsed. In an August 22, 2014 Medical-

legal Evaluation, it was acknowledged that the applicant had returned to work, admittedly with restrictions in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Pain Management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 1 of 127.

Decision rationale: Yes, the request for referral to pain management was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant has ongoing, longstanding, multifocal neck and shoulder pain complaints, which have persisted despite usage of various analgesic medications and two prior shoulder surgeries. Obtaining the added expertise of a practitioner specializing in chronic pain, namely a chronic pain physician, was indicated. Therefore, the request was medically necessary.

12 Sessions Acupuncture Therapy for Right Arm, Shoulder and Neck 2 Times A Week for 6 Weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Similarly, the request for 12 sessions of acupuncture was likewise medically necessary, medically appropriate, and indicated here. The request in question does seemingly represent a request for extension of previously provided acupuncture. The Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, the applicant has demonstrated prima facie evidence of functional improvement as defined in section 9792.20f by achieving and/or maintaining successful return to work status. The previously provided acupuncture, the treating provider contended, has reportedly reduced the applicant's medication consumption. The applicant was not using any opioid agents as of the date of the request. It does appear, on balance, that previously provided acupuncture has proven beneficial here. Therefore, the request for additional acupuncture was medically necessary.

