

Case Number:	CM15-0097405		
Date Assigned:	05/28/2015	Date of Injury:	02/22/2005
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/20/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 69-year-old female with an industrial injury dated 2/22/2005. The injured worker's diagnoses include status post left shoulder arthroscopy with subacromial decompression and distal third clavicle excision and debridement of rotator cuff/labrum performed on 10/4/2012 and lumbar musculoligamentous sprain/strain with left lower extremity radiculitis. Treatment consisted of diagnostic studies, prescribed medications, one acupuncture treatment, and periodic follow up visits. In a progress note dated 4/10/2015, the injured worker reported increased neck pain and increased stomach pain/gas. Objective findings revealed tenderness to palpitation over the paravertebral musculature and trapezius muscles, left side greater than right. Axial compression test was noted to elicit increased neck pain. The treating physician reported degenerative changes, most severe in C5-C7, were consistent with prior x-rays. The treating physician prescribed services for 8 acupuncture visits, X-ray of the cervical spine, and Prilosec 20mg #30 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments. 2) Frequency: 1 to 3 times per week. 3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, acupuncture is medically indicated but the request for 8 sessions exceeds the recommendation for up to 6 treatments in an initial course of therapy. The original UR decision modified the request to 6 sessions from the requested 8 session. 8 sessions are not indicated by guidelines and the original UR decision is upheld. Therefore, the requested treatment is not medically necessary.

X-ray of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: ACOEM states that should not be recommended in the absence of red flag findings of serious spinal pathology even if symptoms have persisted greater than 6 weeks. In this case, there are no red flag findings reported in the examination. Cervical spine x rays are not medically indicated. Therefore, the requested treatment is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors, NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastro- intestinal events. In this case, the medical record does not document any use of NSAIDS and use of Prilosec is not indicated by guidelines. Prilosec is not medically necessary.