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| Case Number: | CM14-0172995 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 03/29/2011 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 10/06/2014 |
| Priority: | Standard | Application Received: | 10/20/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58 year old with an injury date on 3/29/14. Patient complains of right shoulder pain rated 8/10 traveling to neck/midback, and low lumbar pain rated 7/10 that radiates to bilateral buttock and left hip per 9/15/14 report. Based on the 9/15/14 progress report provided by [REDACTED] the diagnoses are: 1. Right shoulder derangement 2. Sciatica / lumbar herniated disc Exam on 9/15/14 showed "Right shoulder range of motion full with pain." L-spine range of motion restricted with extension at 5 degrees per 7/1/14 report. Patient's treatment history includes acupuncture, physical therapy, and home exercise program. [REDACTED], [REDACTED], and [REDACTED] is requesting acupuncture for right shoulder and lumbar spine x4, continuation of orthopedic treatment, continuation of pain management. The utilization review determination being challenged is dated 10/6/14 and denies request for continuation of pain management due to a lack of a request for specific treatments, and lack of a clear rationale. [REDACTED] and [REDACTED] are the requesting provider, and he provided treatment reports from 5/14/14 to 9/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for right shoulder and lumbar spine x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with right shoulder pain, neck pain, lower back pain, left hip pain, and bilateral buttocks pain. The treating physician has asked for acupuncture for right shoulder and lumbar spine x4 on 9/15/14. It is not known how many acupuncture sessions the patient has had but there is evidence that the patient has had some acupuncture treatments from 8/11/14 to 9/15/14. The request appears to be for additional 4 sessions. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. For additional treatments, functional improvement must be documented. In this case, the patient has had unspecified amount of acupuncture treatments for one month. For additional treatments, functional improvement as defined by labor code 9792.20(e) as significant change in ADL's, or change in work status, AND reduced dependence on medical treatments must be documented. Given the lack of such documentation following recent acupuncture, recommendation is for not medically necessary.

Continuation of orthopedic treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM; 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127

Decision rationale: This patient presents with right shoulder pain, neck pain, lower back pain, left hip pain, and bilateral buttocks pain. The treating physician has asked for continuation of orthopedic treatment on 9/15/14 "for the right shoulder and lumbar." ACOEM allows for specialist referral for complex problems. This patient's primary treating physician appears to be a chiropractic physician who has asked for continued orthopedic follow-up's to address the patient's shoulder and low back issues. The request appears reasonable since the primary treating physician does not do orthopedic management. Recommendation is for medically necessary.

Continuation of pain management: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM; 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127

Decision rationale: This patient presents with right shoulder pain, neck pain, lower back pain, left hip pain, and bilateral buttocks pain. The treating physician has asked for continuation of

pain management on 9/15/14. Regarding follow-up visits, ACOEM states the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. In this case, the patient presents with a chronic pain condition, and follow-ups with pain management are medically reasonable. Recommendation is for medically necessary.