

<b>Case Number:</b>	CM14-0035000		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	12/08/2001
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 and is licensed to practice in Nevada. 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 injured worker is a 48-year-old male who was reportedly injured on 12/8/2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 3/3/2014, indicated that there were ongoing complaints of chronic neck pain and left scapular thoracic pain. The physical examination from 2/26/2014 revealed positive trigger points throughout the cervical musculature on the left and pain with palpation on the left scapular area, left posterior aspect of the shoulder and deltoid. There was also limited range of motion of the left shoulder. No recent diagnostic studies are available for review. Previous treatment included epidural steroid injection medications such as Lyrica and Percocet. A request was made for additional acupuncture sessions 1 X 18 (cervical), prospective usage of EpiPen and was not certified in the pre-authorization process on 3/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture sessions 1 X 18 (cervical):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 13 of 127.

**Decision rationale:** California MTUS Guidelines state acupuncture is used as an option when pain management is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation, and surgical intervention to hasten functional recovery. It may also be used to reduce pain, inflammation, increase blood flow/range of motion and reduce muscle spasm. After review of the medical documentation, it was noted that the injured worker had noted trigger points as well as cervical and left upper schedule thoracic muscle tenderness to palpation. It was also noted that the claimant has had previous acupuncture treatments which have been noted to provide benefit. However, there were no specific details of the functional improvements, or clinical objective findings associated with the benefits of this treatment. Without supporting documentation, this request for additional treatments of acupuncture is deemed not medically necessary.

**Prospective usage of EpiPen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com EpiPen- auto-injector.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Physician's Desk Reference.

**Decision rationale:** EpiPen use is indicated in emergency treatment of allergic reactions (Type I), including anaphylaxis to stinging insects (e.g., order Hymenoptera, which include bees, wasps, hornets, yellow jackets, fire ants) and biting insects (e.g., triatoma, mosquitoes), allergen immunotherapy, foods, drugs, diagnostic testing substances (e.g., radiocontrast media), and other allergens, as well as idiopathic or exercise-induced anaphylaxis. After reviewing the medical documentation provided, the injured worker does have a listed allergy of Vicodin. However, the treating physician was not prescribing that medication, and medications the claimant is currently taking from the treating physician have no documented allergic reaction. Therefore, the request for this medication is deemed not medically necessary.