

Case Number:	CM13-0025578		
Date Assigned:	12/04/2013	Date of Injury:	06/29/2007
Decision Date:	06/30/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/17/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 60 year old female who had a work injury dated 6/29/07. The diagnoses include neck and radiating upper extremity pain, left elbow pain, s/p left elbow surgery on December 2007 and June 2008, bilateral carpal tunnel syndrome, status post carpal tunnel release on November 2007 and December 2001 and right shoulder pain. An MRI dated 04/11/12 showed full-thickness rotator cuff tear. She is status post surgical repair on 11/14/2012. The patient is diagnosed with ITP. The request is for a left C3, C4, and C5 dorsal medial branch block and acupuncture 2 times week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO TIMES A WEEK FOR FOUR WEEKS (2X4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture two (2) times a week for four (4) weeks is not medically necessary as written per the California MTUS Acupuncture guidelines. The guidelines state that the time to produce functional improvement is 3 to 6 treatments. The guidelines state that

acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). The documentation indicates that the patient has not tried acupuncture and a trial would be reasonable however, the request for acupuncture two times a week for four weeks exceeds the recommended number of visits and is not medically necessary as written.

LEFT C3, C4 AND C5 DORSAL MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck-Facet joint pain, signs & symptoms; Facet joint diagnostic blocks

Decision rationale: A left C3, C4, and C5 dorsal medial branch block is not medically necessary per the California MTUS, ACOEM and the ODG guidelines. The ACOEM states that there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The ODG states that the criteria for facet joint diagnostic blocks are that there should be no evidence of radicular pain, spinal stenosis, or previous fusion. The imaging study dated 5/15/09 reveals left-sided neural foraminal stenosis secondary to not only facet hypertrophy but also unciniate hypertrophy. The ODG also states that no more than 2 joint levels are injected in one session. The request for 3 levels of cervical I injections exceeds this guideline. For these reasons the request for a Left C3, C4, and C5 dorsal medial branch block is not medically necessary.