

Case Number:	CM13-0026629		
Date Assigned:	11/22/2013	Date of Injury:	07/30/2012
Decision Date:	01/24/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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 44 year old male who reported an injury on 07/30/2012. The mechanism of injury was a fall off a roller machine. The most recent clinical note reported 06/11/2013 reported the patient continued to have complaints of hand pain which worsens when any pressure applied to his hand. The patient states his thumb is numb, with tingling noted to his ring and small finger. The patient has received 15 acupuncture treatments. There is noted stiffness and range of motion deficiency to the patient's thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG, MTUS/ACOEM

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Acupuncture Medical Treatment guidelines state acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines recommend the time to produce functional improvement is 3 to 6 treatments. The optimum duration for acupuncture treatments

is 1 to 2 months. The patient received 15 treatments between 02/25/2013 and 06/17/2013. There is no clinical documentation of any significant increase in the patient functional level, and complaints of pain continue. There are no findings to suggest the acupuncture treatments have provided objective improvement for the patient. And furthermore, the patient has exceeded the recommended number of acupuncture treatments according to Acupuncture Medical Treatment Guidelines. As such, the request for 8 acupuncture treatments is non-certified.

Bilateral lumbar facet injections at L4-5 and 5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: California MTUS/ACOEM Guidelines state facet injections are of questionable merit. Official Disability Guidelines does address facet injections. Official Disability Guidelines recommend facet injections be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is no clinical documentation of low back pain complaints by the patient. All of the patient's pain complaints have been around his hand and or thumb. Physical examination did not reveal evidence of facet mediated pain. As such, the request for bilateral lumbar facet injections to L4-5 and L5 to S1 is non-certified.