

Case Number:	CM13-0038308		
Date Assigned:	12/18/2013	Date of Injury:	10/23/2012
Decision Date:	12/12/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/30/2013

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 Orthopedic Surgery, has a subspecialty in Hand Surgery, and is licensed to practice in Texas. 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 49-year-old female who reported injuries when she was struck by falling objects on 10/23/2012. On 06/19/2014, her diagnoses included cervical strain, cervical radiculopathy, thoracic strain, lumbar strain, lumbar radiculopathy, right shoulder subacromial bursitis and impingement, right elbow medial epicondylitis, bilateral S1 radiculopathy per EMG and bilateral carpal tunnel syndrome, electro-diagnostically supported. Her complaints included ongoing pain in the neck, low back, right shoulder, right elbow, right wrist, and bilateral lower extremities ranging from 4/10 to 8/10. Upon examination, there was tenderness with spasms of the paraspinal muscles in the cervical musculature. There was mild swelling and a positive Spurling's test bilaterally with brachial paresthesias. It was noted that an EMG/NCS of the upper extremities dated 03/21/2013 revealed bilateral carpal tunnel syndrome greater on the right than on the left. On 11/01/2013, she had decreased cervical range of motion in all planes with decreased sensation in bilateral C6, C7, and C8 dermatomes. She stated that she had a history of carpal tunnel syndrome. The notation regarding an MRI of the cervical spine of 04/29/2013 revealed degenerative disc disease with focal protrusion but without canal stenosis or neural foraminal narrowing at any level. The treatment plan included an appeal for a medial branch block of bilateral C5-6 and C6-7 facet joints as a diagnostic therapeutic rhizotomy. It was noted that she had facet arthropathy as evidenced by her objective exam. There was a further request for a continuation of acupuncture therapy. On 04/16/2014, it was noted that she had completed 23 sessions of acupuncture which decreased her pain and helped her feel relaxed, allowing her to take less oral pain medication. Additionally, she had received 20 sessions of chiropractic therapy with similar results. There was no rationale included in this worker's chart regarding the carpal tunnel syndrome request. An undated Request for Authorization for the medial branch block only was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy two (2) times per week for four (4) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture therapy two (2) times per week for four (4) weeks is not medically necessary. The California MTUS Guidelines recommend that acupuncture is 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 recommended frequency of treatments is 1 to 3 times per week with functional improvement noted in 3 to 6 treatments. The optimum duration of treatments is 1 to 3 months. There was no evidence in the submitted chart that this injured worker was not tolerating her pain medications, or that they were being reduced. It was noted that she had already completed 23 sessions of acupuncture. The additional 8 requested sessions exceed the recommendations in the guidelines. Additionally, the body part or parts to have been treated were not specified in the request. Therefore, this request for acupuncture therapy two (2) times per week for four (4) weeks is not medically necessary.

Facet injection of the cervical spine at c5-6 and c6-7: 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): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet joint diagnostic blocks.

Decision rationale: The request for facet injection of the cervical spine at C5-6 and C6-7 is not medically necessary. The California ACOEM Guidelines do not recommend therapeutic facet joint injections for acute regional neck pain. Injection of trigger facet points has no proven benefit in treating acute neck and upper back symptoms, even though many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines recommend facet diagnostic blocks prior to facet neurotomy. Among the criteria for the use of diagnostic blocks for facet nerve pain is that they are limited to patients with cervical pain that is nonradicular. This injured worker has a diagnosis of cervical radiculopathy. The clinical information submitted failed to meet the evidence based guidelines for cervical facet injections. Therefore, this request for facet injection of the cervical spine at C5-6 and C6-7 is not medically necessary.

Bilateral carpal tunnel syndrome, right wrist first then revision carpal tunnel release on the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR).

Decision rationale: The request for bilateral carpal tunnel syndrome, right wrist first then revision carpal tunnel release on the left wrist is not medically necessary. The California ACOEM Guidelines note that surgical decompression of the median nerve usually relieves CTS symptoms. Patients with the mildest symptoms display the poorest postsurgery results. Based on the data from randomized controlled trials, endoscopic carpal tunnel release seems to be an effective procedure compared to open surgery. With proper training and equipment, endoscopic carpal tunnel release can be done safely, with complication rates comparable to those for open technique and with high patient satisfaction. The Official Disability Guidelines recommend carpal tunnel release surgery after an accurate diagnoses of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS, unless symptoms persist after conservative treatment. Surgery should not be performed until the diagnosis of CTS is made by history, physical examination and possible electrodiagnostic studies. Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis. Carpal tunnel release surgery is not recommended for a diagnosis of mild carpal tunnel syndrome. This injured worker has a diagnosis of mild carpal tunnel syndrome of her left upper extremity. There was no evidence of a prior successful corticosteroid injection trial. Additionally, the request did not specify whether this was to be an open or endoscopic procedure. Therefore, this request for for bilateral carpal tunnel syndrome, right wrist first then revision carpal tunnel release on the left wrist is not medically necessary.