MAXIMUS Federal Services

Case Number:	CM13-0043911		
Date Assigned:	12/27/2013	Date of Injury:	07/13/2000
Decision Date:	03/05/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine and Rehabilitation, 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 46-year-old female who reported a work-related injury on 7/13/00. The mechanism of injury was cumulative trauma. The patient was noted to have pain in the neck and hands. The patient was noted to have a supplemental report, which was not provided for review that recommended an MRI of the cervical spine and an EMG/NCV of the upper extremities due to carpal tunnel syndrome. The physician also recommended acupuncture treatment. The cervical spine evaluation revealed the patient had sensation reduced in a bilateral median nerve distribution. The patient was noted to have a positive Tinel's and Phalen's bilaterally. The impression was noted to be bilateral carpal tunnel syndrome status post carpal tunnel release, left shoulder impingement syndrome, and cervical spine strain. The request was made for an MRI of cervical spine, an EMG/NCV to rule out radiculopathy and entrapment neuropathy, and acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture three times a week for four weeks for the neck and hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated. It is recommended as an adjunct to physical rehabilitation. The time to produce functional improvement is 3-6 treatments. Clinical documentation submitted for review indicated that the request was for 12 visits. The patient was noted to have spasm in the neck and restricted range of motion. However, there was no indication that this treatment would be used as an adjunct or that pain medication was reduced or not tolerated. There was a lack of documentation indicating a necessity for 12 visits, as the initial treatment per California MTUS is limited to 6 sessions. Given the above, the request is not medically necessary.

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The ACOEM Guidelines indicate that the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination. The clinical documentation submitted for review indicated the patient had sensation reduced in a bilateral median nerve distribution; however, there was a lack of clear documentation of the myotomal and dermatomal findings to support the necessity for a cervical MRI. There was a request was that was to be reviewed concurrently for an EMG/NCS study of the upper extremities to rule out radiculopathy and entrapment neuropathy. Given the above, and the findings suggestive of carpal tunnel syndrome, the request for MRI of this cervical spine is not medically necessary.