

<b>Case Number:</b>	CM13-0046758		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/06/2010
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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, 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 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 53-year-old who was injured in a work related accident on August 6, 2010. This was a repetitive injury due to cumulative trauma to the neck. The recent assessment includes MRI cervical spine June 6, 2012 showing the C6-7 and C7-T1 level to be with no indication of specific findings. It specifically states there is no disc bulging and protrusion stenosis or neurocompressive pathology. The electrodiagnostic studies March 11, 2013 to the upper extremities are also available for review that were noted to be normal. The patient's most recent clinical assessment June 21, 2013 describing continues complaints of bilateral hand pain stating recent course of care to the neck has included physical therapy and acupuncture. The physical examination findings showed diminished sensation with a diminished bicep and tricep reflex bilaterally, negative Spurlings test and full motor strength. The claimant was diagnosed with disc osteophyte complex at C5-6. The recommendation was for continuation of acupuncture and isolated C7-T1 interlaminar epidural steroid injection to be performed under fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX SESSIONS OF ACUPUNCTURE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The Acupuncture Medical Treatment Guidelines do not support the role of further acupuncture. The records indicate the patient has already undergone acupuncture treatment with at present no documentation of significant benefit with the above mentioned modality. The acupuncture can be continued if significant benefit that would include reduction in medication. The absence of the above fails to necessitate further acupuncture management at this chronic stage in the patient's course of care. The request for six sessions of acupuncture is not medically necessary or appropriate.

**C7-T1 INTERLAMINAR EPIDURAL INJECTION UNDER FLUROSCOPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines would not support the role of epidural steroid injection. The Chronic Pain Medical Treatment Guidelines states, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The patient's physical examination fails to demonstrate specific physical examination findings to correlate with imaging and/or electrodiagnostic testing. The patient's imaging at the C7-T1 level is negative for specific finding coupled with recent negative electrodiagnostic studies. The request for a C7-T1 interlaminar epidural injection under fluoroscopy is not medically necessary or appropriate.