

Case Number:	CM13-0054022		
Date Assigned:	04/18/2014	Date of Injury:	09/13/2003
Decision Date:	07/11/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/19/2013

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 Occupational Medicine, 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 62 year old female who has submitted a claim for cephalgia, temporomandibular joint pain, probable right arm reflex sympathetic dystrophy, bilateral carpal tunnel syndrome, cervical discopathy with radiculopathy, and diabetes mellitus type 2 associated with an industrial injury date of September 13, 2003. Medical records from 2007-2013 were reviewed. Clinical subjective information from the submitted medical records was insufficient. The patient has increased bilateral facial/gum and low back pain which was characterized as severe. A recent utilization review mentioned that the patient has increased interscapular pain and headaches. On examination, the patient was in severe distress due to right arm pain. There was temporomandibular joint tenderness and palpable pain and spasm at the craniocervical region. There was tenderness over the cervical spine and right shoulder. The ranges of motion of the neck and right shoulder was not tested due to pain. The right arm was also not tested due to severe pain. Left hand grip was decreased. There was decreased sensation at the right arm more than the left. She has hyperpathia, allodynia with spreading dysesthesia in the first, third, and fourth fingers of the right hand. Tinel's sign was positive at both wrists, worse on the right. Imaging studies were not made available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, acupuncture, TENS, cervical epidural steroid injections, psychotherapy, right shoulder surgery and carpal tunnel surgery. A utilization review, dated October 22, 2013, modified the request for acupuncture 3 times a week for 1 month for the low back, arms/shoulders, neck and wrists to acupuncture 3 times a week for 2 weeks for the low back, arms/shoulders, neck and wrists. The request for aquatic therapy 3 times a week for 1 month for the low back, arms/shoulders, neck and wrists was also modified to aquatic therapy 3 times a week for 2 weeks for the low back, arms/shoulders, neck, and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TREATMENT 3 TIMES A WEEK X 1 MONTH FOR THE LOW BACK, ARMS, SHOULDERS, NECK AND WRISTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The MTUS Guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, the patient already had an unknown number of previous acupuncture sessions since 2008. The patient claimed that acupuncture provided pain relief and found it "very peaceful". However, there was no documentation regarding the sessions or noted evidence of objective functional improvement. There is no clear rationale for additional acupuncture sessions at this time. In addition, the current clinical and functional status of the patient is unknown. The most recent progress report available for review was April 9, 2013. Therefore, the request is not medically necessary.

AQUATIC THERAPY 3 TIMES A WEEK X 1 MONTH FOR THE LOW BACK, ARMS, SHOULDERS, NECK AND WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: As stated on page 22 of the MTUS Chronic Pain Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity. In this case, the patient has not tried any aquatic therapy. However, there is no documentation regarding body mass index that may warrant water-based therapy. Furthermore, there is no indication why the patient could not participate in a land-based physical therapy program at present. There is also no documentation stating the need for reduced weight bearing. There is no clear rationale for aquatic therapy at this time. Therefore, the request is not medically necessary.