

Case Number:	CM13-0072422		
Date Assigned:	01/08/2014	Date of Injury:	03/06/2013
Decision Date:	06/12/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine 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 37-year-old female who reported an injury on 03/06/2013 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included cognitive behavioral therapy, physical therapy, acupuncture and multiple medications. The injured worker was evaluated on 11/26/2013. It was documented that the injured worker had multiple body part complaints of pain to include the head, shoulder, wrist, hand, fingers and thumbs, neck, upper back and lower back with difficulty falling asleep. Physical findings of the upper extremities included specific tenderness of the bilateral hands, shoulders and wrists. The injured worker had a positive Phalen's sign, positive Tinel's sign and positive Finkelstein's test of the bilateral wrists. Evaluation of the cervical spine documented restricted range of motion secondary to pain with tenderness to palpation of the cervical spinal musculature. Evaluation of the thoracic spine documented tenderness to palpation of the thoracic spinal musculature with normal range of motion. Evaluation of the lumbar spine documented normal range of motion with tenderness to palpation of the lumbar and lumbosacral musculature. The injured worker's diagnoses included unspecified sleep disturbance, anxiety state unspecified, cervical intervertebral disc displacement without myelopathy, thoracic sprain, lumbar sprain, headache, shoulder sprain, upper extremity pain and hand pain. The injured worker's treatment recommendations included electroacupuncture and pain management consultation for consideration of epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 VISITS OF ELECTRO ACUPUNCTURE WITH OR WITHOUT MANUAL STIMULATION TO THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: The requested 6 visits of electroacupuncture with or without manual stimulation to the lumbar spine are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends acupuncture as an adjunct treatment to an active functional restoration program. The clinical documentation submitted for review does not provide any evidence that the injured worker is participating in any type of self-directed active therapy or supervised skilled therapy. Additionally, the California Medical Treatment Utilization Schedule recommends electroacupuncture for injured workers who are not able to tolerate medications or when medications are being reduced. There is no documentation that medication reduction is part of the injured worker's treatment plan, therefore, acupuncture treatment would not be supported. As such, the requested 6 visits of electroacupuncture with or without manual stimulation to the lumbar spine is not likely necessary or appropriate.

PAIN MANAGEMENT CONSULTATION FOR THE EVALUATION, TREATMENT AND RECOMMENDATIONS AND POSSIBLE EPIDURAL STEROID INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State Of Colorado Department Of Labor And Employment, Pg 56.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The requested pain management consultation for the evaluation, treatment and recommendations and possible epidural steroid injections are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends referrals when the primary treating physician has exhausted all treatment within their scope of practice and additional expertise is required for further treatment recommendations. The request indicates that the pain management consultation is to determine the appropriateness of epidural steroid injections for this patient. However, the clinical documentation fails to adequately identify the injured worker has physical findings to support consideration of epidural steroid injections. Additionally, there is no documentation that the treating provider has exhausted all means of chronic pain management within his scope of practice. As such, the requested pain management consultation for the evaluation, treatment and recommendations and possible epidural steroid injections are not medically necessary or appropriate.

