

Case Number:	CM14-0004770		
Date Assigned:	01/24/2014	Date of Injury:	03/06/2012
Decision Date:	06/25/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/13/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 55-year-old female with date of injury of 03/06/2012. The listed diagnoses per [REDACTED] dated 11/25/2013 are:

1. Sprain/strain unspecified side of the elbow and forearm.
2. Unspecified neuralgia, neuritis, and radiculitis.
3. Spondylosis, cervical.
4. Lateral epicondylitis of the elbow.
5. Tenosynovitis, wrist.
6. Fibromyalgia, myositis.
7. Tenosynovitis, elbow.
8. Neuropathic pain.

According to this report, the patient continues to have numbness and tingling in both upper extremities. The medications are helping some to take the edge off her pain. She has been prescribed Norco as per needed basis. She has been approved to begin acupuncture which is helping some with the nerve pain and paresthesias. The physical exam shows there is loss of lordosis of the cervical spine, bilateral paraspinous tenderness and stiff, palpable twitch, positive trigger points are noted in the muscles of the head and neck specifically. There is pain noted when neck is flexed anteriorly, and pain is also noted with extension of the cervical spine. He has tenderness along both lateral epicondyles. Range of motion is adequate. She wears elbow braces bilaterally. Tinel's sign test is positive. There are no color changes in the hands. Hand grip is very poor. The utilization review denied the request on 12/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TP 38 ULNAR NERVE BLOCK WITH ULTRASOUND TIMES TWO: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ulnar nerve injection

Decision rationale: This patient presents with neck, elbow, wrist, and upper extremity pain. The treating physician is requesting TP-38 ulnar nerve block with ultrasound times two. The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not address this request; however, Official Disability Guidelines (ODG) Guidelines on ulnar nerve injection states, "Recommend as single injections as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience recurrence of symptoms within several months after injection." The electromyography report dated 11/12/2012 shows entrapment neuropathy of the median nerve at the left wrist with mild to moderate slowing of the nerve conduction velocity carpal tunnel syndrome, no electrophysiological evidence of entrapment neuropathy on the right median, bilateral ulnar and radial nerves. The progress report dated 11/25/2013 notes positive Tinel's sign into the ulnar region causing pain in the corresponding areas of all motor nerve. In this case, ODG supports the use of ulnar nerve injection as a conservative treatment for ulnar nerve entrapment. However, ODG recommends trying one injection and the request is for two injections. TP-38 ulnar nerve block with ultrasound times two is not medically necessary and appropriate.

TWELVE SESSIONS OF ACUPUNCTURE, TWO TIMES A WEEK FOR SIX WEEKS:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with neck, elbow, wrist, and upper extremity pain. The treating physician is requesting twelve acupuncture sessions. The Medical Treatment Utilization Schedule (MTUS) Guidelines for acupuncture states that it is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Furthermore, treatments may be extended if functional improvement is documented. The review of records shows that the patient has received a total of 8 acupuncture treatments recently. The acupuncture therapy report dated 10/24/2013 documents that the patient reports decreased right elbow pain since receiving acupuncture. She also is now able to apply more pressure with decreased sensitivity. The patient also reports being able to perform her activities of daily living for longer period of time with less pain. The patient's level went from 9/10 to 6/10. In this case, the treating physician has documented significant functional improvement while utilizing acupuncture therapy. Given that the patient has tried acupuncture with significant relief and functional improvement,

recommendation for twelve sessions of additional acupuncture therapy sessions is medically necessary and appropriate.