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| Case Number: | CM14-0132506 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 02/17/2009 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 08/13/2014 |
| Priority: | Standard | Application Received: | 08/19/2014 |

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 Internal Medicine, and is licensed to practice in California and Illinois. 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 56-year-old female with a reported date of injury on 02/17/2009. The injury reportedly occurred when the injured worker tripped over a wire at the desk and fell hard on the right wrist. Her diagnoses were noted to include new onset carpal tunnel syndrome to the right hand and persistent pain secondary to single incident of ulnocarpal impaction. Her previous treatments were noted to include cortisone injection, wrist brace, and medications. The progress note dated 10/22/2009 revealed complaints regarding right wrist pain and numbness to the thumb, index, and middle fingers. The physical examination of the right wrist revealed continued tenderness over the ulnocarpal joint with a positive Phalen's and Durkan's compression test. The sensation was decreased to light touch in the median nerve distribution with no thenar atrophy and 5/5 rated strength. The documentation provided indicated a cervical MRI was performed 08/30/2012 that showed discogenic disease from C2 to C7 with moderate to severe loss of disc height at C4-5, C5-6, and C6-7, mild to moderate central spinal stenosis at C5-6 and C6-7, 3 mm focal left paracentral protrusion at C6-7 which may be affecting the exiting nerve root, severe neural foraminal stenosis on the right at C3-4 and C4-5, and severe bilateral neural foraminal stenosis present at C5-6 and C6-7. The request for authorization form was not submitted within the medical records. The request was for an MRI (magnetic resonance imaging) of the cervical spine QTY: 1, MRI (magnetic resonance imaging) of the thoracic spine QTY: 1, and acupuncture treatment for the cervical spine and thoracic spine 2 times a week for 6 weeks QTY: 12 sessions; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the cervical spine, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The request for an MRI (magnetic resonance imaging) of the cervical spine QTY: 1 is not medically necessary. The injured worker has had a previous cervical spine MRI in 08/2012. The California MTUS/ACOEM Guidelines state criteria for ordering imaging studies are 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 the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause such as an MRI for neurological deficits. The recent additional studies may be considered to further define the problem areas. The recent evidence indicates cervical disc annular tears may be missed on MRIs. The guidelines state an MRI can be used to identify an anatomic defect. There is a lack of significant clinical findings or red flags to warrant a cervical MRI. Additionally, the most recent progress note was from 10/2009 and there is a lack of a recent, complete, adequate assessment submitted within the medical records. Therefore, the request is not medically necessary.

MRI (Magnetic Resonance Imaging) of the thoracic spine, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for an MRI (magnetic resonance imaging) of the thoracic spine QTY: 1 is not medically necessary. The injured worker complains of pain to the right wrist and numbness to her thumb, index, and middle fingers. The California MTUS/ACOEM Guidelines state criteria for ordering imaging studies are 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 the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant

imaging studies if symptoms persist. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause such as an MRI for neurological deficits. The recent additional studies may be considered to further define the problem areas. The recent evidence indicates cervical disc annular tears may be missed on MRIs. The guidelines state an MRI can be used to identify an anatomic defect. There is a lack of documentation regarding significant clinical findings and red flags to warrant an MRI of the thoracic spine. There is a lack of documentation showing significant neurological deficits such as decreased motor strength and poor sensation in a specific dermatomal distribution. Therefore, the request is not medically necessary.

Acupuncture treatment for the cervical spine and thoracic spine, 2 times a week for 6 weeks, QTY: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and Upper Back Chapter, Acupuncture

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture treatment for the cervical spine and thoracic spine 2 times a week for 6 week QTY: 12 sessions is not medically necessary. The injured worker complains of right wrist and thumb, index, and middle finger numbness. The acupuncture Medical Treatment Guidelines state acupuncture is used as an option when pain medications are reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines state the frequency and duration of acupuncture may be performed with time to produce functional improvement of 3 to 6 treatments, with the frequency 1 to 3 times per week with an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. There is a lack of documentation regarding previous physical therapy or acupuncture treatments. There is a lack of documentation regarding current measurable functional deficits and the request for 12 sessions of acupuncture exceeds guideline recommendations. Therefore, the request is not medically necessary.