

Case Number:	CM14-0153073		
Date Assigned:	09/23/2014	Date of Injury:	03/28/2012
Decision Date:	10/24/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/19/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This 56 year old patient had a date of injury on 3/28/2012. The mechanism of injury was cleaning files from a computer and de-cluttering printed files from 3 of her supervisors. In a progress noted dated 8/11/2014, the patient complains of increased pain levels since last visit. Quality of sleep is fair, activity level has remained the same, and she states she presents 1 week early due to continued right elbow pain. On a physical exam dated 8/11/2014, tenderness to palpation is noted over the lateral epicondyle. She recently started a 2 week course of swimming exercises, which provided her minimal to mild pain relief. The diagnostic impression shows cervical facet syndrome, cervical pain, lateral epicondylitis, ulnar neuropathy, carpal tunnel syndrome. Treatment to date: medication therapy, behavioral modification, trigger point injections. A UR decision dated 8/25/2014 denied the request for 6 sessions of acupuncture for neck and arm pain, stating no documentation that the 10 completed acupuncture treatments resulted in a significant improvement in activities of daily living, reduction in work restriction, or reduction in dependency on continued medical improvement. 1 right lateral epicondyle steroid injection was denied, stating that ODG does not recommend steroid injections for the treatment of lateral epicondylitis due to high recurrence rates.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF ACUPUNCTURE FOR NECK AND ARM PAIN: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. On a progress report dated 8/11/2014, it was noted that this patient has completed a total of 10 sessions of acupuncture. Although the patient claims that acupuncture has been beneficial, there were no clear evidence of functional improvements noted with the sessions. Additional sessions cannot be justified without evidence of ongoing improvement. Therefore, the request for 6 sessions of Acupuncture to the neck and arm pain was not medically necessary.

1 RIGHT LATERAL EPICONDYLE STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

Decision rationale: CA MTUS does not address this issue. ODG does not recommend corticosteroid injections as a routine intervention of epicondylitis. In the past a single injection was suggested as a possibility for short term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for a short time, and longer-term outcome could be poor. In the 8/11/2014 progress report, there was no clear rationale provided regarding the medical necessity of this request, and guidelines to not support use. Furthermore, it was noted that this injection was requested by the patient, and there was no evidence of failure of conservative therapy, as she also taking Percocet which reduces her pain by 80% for 8 hours. Therefore, the request for 1 right lateral epicondyle steroid injection was not medically necessary.