

<b>Case Number:</b>	CM14-0164448		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	10/20/2009
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 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:

Medical Records reflect the claimant is a 50 year old female who sustained a work injury on 10-20-09. The claimant has chronic neck pain. Exam on 9-16-14 notes the claimant has continued neck pain and spasms radiating into the upper extremities with numbness and weakness, more on the right. The claimant also reports right wrist pain and thumb with numbness pain and tingling in the remaining fingers. On exam, the claimant has spasms and tenderness in the paravertebral musculature of the cervical spine with increased range of motion than before. The claimant has decrease sensation at the right ulnar nerve distribution, decrease sensation over the C6 dermatome, weakness of the left biceps and deltoid as 4/5. Positive Phalen's and reverse Phalen's sign. The claimant works at modified duties. The claimant is treated with medications.

### 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 without contrast material:**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic)

**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) cervical spine disorders - diagnostic investigations - MRI

**Decision rationale:** MRI is recommended for patients with: -Acute cervical pain with progressive neurologic deficit; -Significant trauma with no improvement in significantly painful or debilitating symptoms; -A history of neoplasia (cancer); -Multiple neurological abnormalities that span more than one neurological root level (Kulkarni 87, Tarr 87, Mrivis 88, Benzel 96, Orrison 95); -Previous neck surgery with increasing neurologic symptoms; -Fever with severe cervical pain; or - Symptoms or signs of myelopathy. There is an absence in documentation noting that this claimant has radicular pain on exam or indication of nerve root compression. Therefore, the medical necessity of this request is not established.

**Acupuncture to cervical spine, left shoulder, right elbow, and right wrist, QTY: 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Guidelines

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Acupuncture Medical Treatment Guidelines notes that frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. Medical Records reflect the claimant has had prior acupuncture sessions. The requested 12 sessions exceeds current guideline recommendations. Additionally quantifiable objective functional improvement with prior acupuncture sessions is not documented. Therefore, the medical necessity of this request is not established.