

Case Number:	CM14-0173890		
Date Assigned:	10/28/2014	Date of Injury:	05/07/2010
Decision Date:	12/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/22/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 51-year-old diabetic woman who sustained a work related injury on May 7, 2010. Subsequently, she developed chronic back and neck pain. Prior treatment has included: medications, activity modification, heat, hot/cold therapy, acupuncture, lumbar support, cervical pillow, home exercise kit, transcutaneous electrical nerve stimulation unit, and home cervical traction. On March 18, 2014, the patient underwent her second therapeutic cervical epidural steroid injection. The patient reported a reduction in pain from 8/10 to 3/10. An MRI of the cervical spine dated May 30, 2013 showed: - disc desiccation at C5-6 with loss of its disc height.- Straightening of the cervical lordosis,- focal posterior disc herniation, which causes spinal canal stenosis, C2-3, C3-4, C4-5, C5-6, and C6-7.X-ray of the left elbow done on May 29, 2014 revealed triceps tendinosis. MRI of the thoracic spine dated May 29, 2014 showed:- disc desiccation at C7-T1 through T12-L1 with concurrent loss of disc height at T1-T2 to T8-T9.- Modic type II end plate degenerative changes at all levels of the thoracic spine,- Straightening of the thoracic kyphotic curvature with decreased range of motion in flexion and extension, hich may have reflected an element of myospasm,- Broad-based posterior disc herniation, which caused stenosis of the spinal canal, T1-T2, T2-T3, T3-T4, T4-T5, T5-T6, T6-T7, T7-T8, T8-T9, T9-T10, and T10-T11.According to the consultation report dictated on March 25, 2014, the patient was complaining of constant pain in her neck traveling to her bilateral shoulders (right greater than left), right arm posteriorly to hand which she described as aching, tight, and cramping. She rated her pain as a 6/10 without medications and 3-4/10 with medications. The patient stated that she experiences occasional weakness in her arms and hands. The patient also complained of symptoms of anxiety and depression due to pain. On examination, the patient reported an increase of range of motion in her neck. The patient was diagnosed with cervicalgia, displacement of cervical intervertebral disc without myelopathy, lumbago, displacement of

lumbar intervertebral disc without myelopathy, and myalgia. In a note dated September 25, 2014, it has been referred to an August 15, 2014 report. In this report, it has been noted that the patient complained of constant mild to achy, sharp, stabbing, burning neck pain with muscle spasms that was rated at 4/10. The patient reported constant, moderate-to-severe, sharp upper/mid back pain and stiffness that was rated 6/10. The patient also complained of occasional mild, achy, burning low back pain that was rated 6/10. The patient reported constant to moderate achy right wrist pain and occasionally mild, achy, and burning pain that was rated 5/10 in the left wrist associated with numbness and tingling. The patient complained of intermittent, moderate, dull, achy, sharp bilateral elbow pain with stiffness associated with movement and symptoms were worsening. Examination revealed tenderness to palpation of the cervical paravertebral muscles, muscle spasm of the cervical paravertebral muscles and shoulder depression caused pain. There was tenderness to palpation of the thoracic paravertebral muscles, and of the lumbar paravertebral muscles. There was tenderness to palpation of the dorsal wrist and volar wrist, positive Tinel's sign, and positive reverse Phalen's. The diagnoses were cervical disc protrusion, cervical sprain/strain, thoracic sprain/strain, lumbar disc protrusion, lumbar sprain/strain, right carpal tunnel syndrome, right wrist sprain/strain, left carpal tunnel syndrome, left wrist sprain/strain, and sprain of other specified sites of elbow and forearm. Provider requested authorization to use Acupuncture treatment for the cervical spine, thoracic spine, lumbar spine, bilateral wrists and left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for the cervical spine, thoracic spine, lumbar spine, bilateral wrists and left elbow 1 time a week for 6 weeks, QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The patient was previously treated with acupuncture that started on March 2014 and has maximized the guidelines and seems to reach maximum improvement and the need for more sessions is not clear. The MTUS guidelines recommended a trial of 6 sessions of acupuncture and the need for more sessions requires documentation that more improvement is expected with these sessions. Therefore, the request of Acupuncture treatment for the cervical spine, thoracic spine, lumbar spine, bilateral wrists and left elbow is not medically necessary.