

Case Number:	CM14-0023395		
Date Assigned:	05/12/2014	Date of Injury:	01/09/2012
Decision Date:	08/05/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational Medicine 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 48-year-old female who has submitted a claim for discogenic sciatic radiculopathy, mechanical low back pain syndrome, lumbar loss of motion segment integrity, and abnormal posture/flexion antalgia associated with an industrial injury date of January 9, 2012. The patient complained of low back pain, rated 4/10 in severity. The pain radiates to the right lower extremity. There was an increase in cramping pain to the right lower extremity and foot especially associated with prolonged standing, walking, bending, and stooping. There was also sharp neck pain. The pain was associated with extension range of motion. There was burning-like pain across the top of her shoulders, and feels tightness in her throat while deep breathing. Physical examination showed paravertebral muscle spasm from L5 through the lower thoracic spine. Posterior to anterior pressure at L5 elicited sharp pain. Kemp's test was positive on the right reproducing pain on the posterolateral thigh, calf, and plantar/lateral foot pain. Kemp's test on the left induces low back pain and left buttock pain. Tandem toe walking was reduced on the right more so than left. Tandem heel walking was associated with increased low back and sciatic distribution pain more in the right than the left. There was sharp hypersensitivity in C3 and C4 dermatomal distributions bilaterally. The secondary muscles of respiration were sharply accentuated with deep breathing. There was limited range of motion of the cervical spine due to pain. There was marked bulking/spasm/ splinting across the cervicothoracic junction including the trapezius, levator scapula, and rhomboid musculature. Imaging studies on August 28, 2012 were done. MRI of the cervical spine revealed 2-3mm broad-based disc protrusion at C5-C6, 1-2mm posterior disc bulge at C6-C7, and no evidence of spinal stenosis or neural foraminal stenosis. MRI of the right shoulder showed moderate supraspinatus and mild infraspinatus tendinosis, and small subcoracoid-subdeltoid bursitis. MRI of the left shoulder indicated moderate supraspinatus and mild infraspinatus tendinosis without tear, and long intrasubstance longitudinal tear involving the subscapularis tendon. MRI of the lumbar spine revealed 2mm diffuse disc bulge at L4-L5 and no stenosis. EMG/NCV of the left upper

extremity showed left mild carpal tunnel syndrome and left chronic C6 radiculopathy. The official reports of the imaging studies were not available. Treatment to date has included medications, physical therapy, chiropractic therapy, home exercise program, activity modification, cervical epidural steroid injection, and lumbar epidural steroid injection. Utilization review, undated, denied the requests for MRI/MRA/MRV on the bilateral brachial plexus and Acupuncture twice a week for three weeks with follow up. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI/MRA/MRV ON THE BILATERAL BRACHIAL PLEXUS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that MR neurography is not recommended except in patients in whom EMG and traditional MR imaging are inconclusive who present with brachial plexopathy who have previously received radiation therapy to the brachial plexus region and have systemic tumors. MR neurography is used to evaluate major nerve compressions such as those affecting the brachial plexus nerves (e.g. thoracic outlet syndrome). In this case, the rationale of the request was for a thoracic outlet evaluation. However, recent progress report dated November 21, 2013 did not mention any complaints on the cervical or brachial plexus area and no indication of assessment with thoracic outlet syndrome. Moreover, previous MRIs and EMG showed no evidence that they were inconclusive. Furthermore, there was no mention that the patient has brachial plexopathy and received radiation therapy to the brachial plexus region and have systemic tumors. The medical necessity has not been established. Therefore, the request for MRI/MRA/MRV ON THE BILATERAL BRACHIAL PLEXUS is not medically necessary.

Acupuncture twice a week for three weeks with follow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an

adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, a progress report dated September 23, 2013 stated that trial of acupuncture should be done to see whether it will help to modulate/control her low back and lower extremity pain. Documentation states that therapeutic exercise and activity modifications have helped to alleviate her symptomatology but have not meaningfully improved her functional capacity. However, there was no documentation that pain medications were reduced or not tolerated. There was no medication history from the medical records submitted. In addition, there was no mention that the requested treatment would have an adjunct physical rehabilitation and/or surgical intervention. The medical necessity has not been established due to insufficient information. Furthermore, the present request failed to specify the body part to be treated and the medical service that the patient is going to follow up to. Therefore, the request for acupuncture twice a week for three weeks with follow up is not medically necessary and appropriate.