

Case Number:	CM14-0038063		
Date Assigned:	06/25/2014	Date of Injury:	06/26/2008
Decision Date:	10/09/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 46-year-old female with an injury date of 06/06/2008. Based on the 03/04/2014 progress report, the patient complains of having abdominal discomfort due to medication administration. "Patient appeared to be in a considerable amount of pain and discomfort as patient motion was slow and she became tearful and began to cry." In regards to the cervical spine, the patient has mild tenderness over the scalene muscles, with tenderness in the right lateral and anterior cervical spine. In regards to the upper extremity, there was mild tenderness noted in both shoulders and the patient has slightly rounded shoulders. Tinel's test is positive in the right elbow. On sensory, pinprick noted decreased at the right S1 and left L5 dermatomes. In the 03/07/2014 progress report, the patient complains of spasm in the face and chin with shuddering and shoulder problems. The MRI of the cervical spine from 12/05/2012 revealed cervical fusion from C4 through C7 and there was C3-C4 disk desiccation above the fusion with osteophytes and foraminal stenosis. The patient's diagnoses include the following: 1. Fibromyalgia. 2. Lumbosacral DDD. 3. Stress induced rosacea dermatitis. 4. Adjustment disorder with anxiety and depression and conversion disorder. 5. Chronic pain syndrome. 6. Bilateral borderline carpal tunnel syndrome. 7. Status post cervical fusion. 8. Posttraumatic stress disorder secondary to the cervical fusion. 9. Thoracic outlet syndrome. 10. Myofascial pain disorder. 11. Closed head trauma. The utilization review determination being challenged is dated 03/13/2014. Treatment reports were provided from 07/11/2013 - 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain

Decision rationale: Based on the 03/04/2014 progress report, the patient complains of having abdominal discomfort. The patient also complains of spasms in the face and chin with shuddering and shoulder pain in the 03/07/2014 progress. The request is for 6 sessions of acupuncture. The utilization review letter indicates that the patient has had "previous acupuncture up to at least 10 sessions in 2013." There is no discussion provided as to how the patient did with his previous 10 acupuncture sessions. MTUS acupuncture guidelines recommends initial trial of 3 to 6 sessions of acupuncture. Additional treatments are recommended if the initial trials proved to be helpful in terms of functional improvement. With the patient's previous acupuncture visits, there is lack of documentation and improvement in activities of daily living, no measurable outcomes, no reduction in pain medication, or reduction of medical treatments. No further discussions are provided in regards to how the patient's pain was helped with acupuncture. The request is not medically necessary.

Cervical Spine Epidural Steroid Injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/neck.htm>), ESI for the neck

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46,47.

Decision rationale: The 03/07/2014 progress report indicates that the patient has spasms in the face and chin with shuddering and shoulder problems. The request is for a cervical spine epidural steroid injection. No levels were indicated as to where this injection is to be placed. There is no indication if the patient has had any prior cervical epidural steroid injections. No radiating symptoms were described for the patient's cervical spine nor were there any positive exam findings provided in regard to the cervical spine. MTUS Guidelines state, "Radiculopathy must be documented by physical examination and corroborative by imaging studies and/or electrodiagnostic testing." For C-spine, MTUS states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Reviewing the reports, there are no positive exam findings and no specific dermatomal distribution of pain that is explained. Given the lack of description of clear radicular symptoms or neck pain, an ESI would not be indicated. The request is not medically necessary.

