

<b>Case Number:</b>	CM14-0042640		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	09/25/2010
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 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:

This 37 year old patient had a date of injury on 9/25/2010. The mechanism of injury was lifting a patient weighting approximately 180 lbs with help of a male coworker when she hurt herself. In a progress report dated 2/26/2014, the patient complains of chronic right sided neck pain that is described stiff like and radiates into right shoulder blade. The patient notices clicking sensations with movemetn of neck. Objectively the patient has restricted cervical lateral rotation and flexion. Dagnostic impression shows cervical C5-C6 bulging disc, cervical radiculitis, cervical myofascial spasms. Treatment to date: medication management, behavioral modification. A UR deicision on 3/27/2014 denied the request for additional acupuncture sessions #8, stating the record does not specify the objective functional gains derived from previous acupuncture treatment. and interlaminar epidural injection with fluoroscopic guidance at C7-T1 was denied, stating that the available MRI report from 11/2/2012 revealed minimal bilateral foraminal narrowing at C5-C10, and there is no evidence of impingement stenosis or signs of radiculoapthy or diagnostic work up at the requested levels to substantitae the request of injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture sessions, QTY: 8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines acupuncture treatment guidelines. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) , Chapter 7, page 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. In the reports viewed, the patient is noted to pain that is mildly responded to acupuncture. However, it was unclear how many previous acupuncture visits the patient has had, and any objective functional gains were not discussed. Therefore, the request for an additional 8 sessions of acupuncture is not medically necessary.

**Interlaminar Epidural Injection with Fluoroscopic Guidance at C7-T1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. In a progress report dated 2/26/2014, the patient denies having upper extremity numbness, tingling, or weakness, and is noted to take Tyenol #3 and Naproxen as needed. Furthermore, the most recent MRI dated 11/2/2012 revealed only minimal narrowing bilaterally at the C5-6 foraminal level. Therefore, the request for ESI with fluoroscopic guidance was not medically necessary.