

<b>Case Number:</b>	CM14-0056294		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/30/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Orthopedic Surgery 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:

The injured worker is a 66-year-old female who reported an injury on 12/03/2010. The mechanism of injury was not provided. The injured worker reportedly sustained an injury to multiple body parts. The injured worker was evaluated on 04/02/2014. It was documented that the injured worker complained of 8/10 neck pain, and 8/10 low back pain. It was noted that the patient had increased bilateral upper extremity symptoms. It was noted that the patient had bilateral carpal tunnel release in 03/2013. The injured worker's treatment history included 18 sessions of acupuncture and 20 sessions of physical therapy, aquatic therapy and chiropractic care. Physical findings included decreased sensation in the bilateral C5 and C8 dermatomal distributions with limited range of motion of the paracervical and paravertebral musculature with normal examination findings of the bilateral lower extremities. The injured worker's diagnoses included multilevel disc herniations of the cervical and lumbar spine, cervical and lumbar radiculopathy, bilateral knee arthralgia, bilateral carpal tunnel release, right shoulder impingement, chronic pain syndrome, and nonsteroidal anti-inflammatory drugs, induced gastritis. The injured worker's treatment plan included a psychiatric consult, continued use of medications, and a home exercise program. A request was made for a followup examination with the injured worker's hand surgeon and acupuncture for the lumbar spine. However, no justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up with** [REDACTED] : Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends surgical consideration for the forearm, wrists and hands when there are clinical findings of functional deficits that would benefit from surgical intervention and are supported by an electrodiagnostic or imaging study. The clinical documentation submitted for review does not provide any evidence of any complications of the injured worker's carpal tunnel release that would require further evaluation over a year after the surgical intervention. The clinical documentation submitted for review does not provide any significant functional deficits of the bilateral upper extremities that would require surgical intervention at this time. As such, the requested Follow up with [REDACTED] is not medically necessary or appropriate.

**Acupuncture 2x 4 weeks , lumbar spine:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends ongoing acupuncture is based on documentation of functional improvement, medication reduction, and pain relief. The clinical documentation submitted for review does indicate that the injured worker has previously participated in acupuncture. However, significant functional benefit, reduction of medication, or pain relief is not provided within the submitted documentation to support additional acupuncture. As such, the requested Acupuncture 2x 4 weeks , lumbar spine is not medically necessary or appropriate.