

Case Number:	CM14-0065299		
Date Assigned:	07/02/2014	Date of Injury:	06/14/2013
Decision Date:	10/01/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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 36-year-old female who has submitted a claim for brachial neuritis or radiculitis not otherwise specified, pain in joint of shoulder, chronic pain syndrome, and sleep disturbance not otherwise specified associated with an industrial injury date of 06/14/2013. Medical records from 07/23/2013 to 07/02/2014 were reviewed and showed that patient complained of neck and right shoulder pain graded 4/10. Physical examination of the cervical spine revealed tenderness over cervical paravertebral muscles and spinous processes of C3, C4, C5, C6, and C7, restricted cervical spine ROM, and weakness of right biceps and shoulder internal and external rotators. Physical examination of the right shoulder revealed tenderness over the AC joint, biceps groove, coracoid process, glenohumeral joint, and greater tubercle of humerus, restricted ROM, and positive Neer's and Hawkins tests. MRI of the cervical spine dated 07/23/2013 revealed multilevel disc bulges with varying levels of foraminal and canal stenosis with no specific nerve compromise. Treatment to date has included 6 sessions of acupuncture and pain medications. Of note, there was no documentation of functional outcome from acupuncture sessions. Utilization review dated 04/02/2014 modified the request for 8 sessions of Acupuncture to 4 additional sessions of acupuncture because the patient only had 2 prior sessions of acupuncture which was deemed inadequate. Utilization review dated 04/02/2014 denied the request for cervical ESI because there were no clear objective findings of radiculopathy on physical exam or imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Acupuncture: 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 California 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, the patient has completed 6 visits of acupuncture. There was no documentation concerning the functional outcome from previous acupuncture visits to support continuation of acupuncture treatment. Therefore, the request for 8 sessions of Acupuncture is not medically necessary.

Cervical Epidural Steroid Injection (CESI) at C5-C7 (neck): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 174-175.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The California MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; In this case, the patient complained of neck and right shoulder pain. Physical examination revealed weakness of right biceps and shoulder internal and external rotators. The patient's clinical manifestations were not consistent with a focal neurologic deficit to indicate presence of radiculopathy. MRI of the cervical spine was done on 07/23/2013 which did not reveal specific nerve compromise. Hence, the objective findings and imaging studies do not reveal presence of radiculopathy. Furthermore, there was no documentation of conservative treatment failure to support the need for ESI. Lastly, the request did not specify if the procedure were to be done under fluoroscopic guidance which is recommended by the guidelines. Therefore, the request for Cervical Epidural Steroid Injection (CESI) at C5-C7 (neck) is not medically necessary.