

<b>Case Number:</b>	CM14-0068183		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/03/2005
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 45-year-old female who sustained injuries to her neck and right elbow on 10/03/05. The mechanism of injury was not documented. The records indicate that the injured worker presented to the emergency room at [REDACTED] on 05/21/14 with worsening midline neck pain lasting 3 days. The doctor noted weakness in her right hand. The records indicate that the injured worker is status post anterior fusion at C3 through C6 dated July of 2008 with residual cervical sprain/strain, bilateral upper extremity radiculitis with increasing symptoms secondary to continuous trauma through 06/15/09. The clinical note dated 04/28/14 documented complaints of neck pain and limited range of motion. Physical examination noted positive cervical compression test, paraspinal muscle spasms, negative Phalen's test, positive Tinel's test at the right wrist. This note was handwritten and difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Computed tomography (CT).

**Decision rationale:** The request for a computed tomography (CT) scan of the cervical spine is not medically necessary. There was no report of a new acute injury or exacerbation of previous symptoms. There was no recent physical examination that would identify any reflex deficits. There was no indication that plain radiographs or magnetic resonance image were obtained prior to the request for CT. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for a CT of the cervical spine is not indicated as medically necessary.

**MRI RIGHT ELBOW:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, MRI's.

**Decision rationale:** Repeat magnetic resonance image (MRI) is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There was no recent detailed physical examination of the right elbow that would indicate any decreased motor strength, increased reflex or sensory deficits. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no additional significant red flags identified that would warrant a repeat study. Given this, the request for an MRI of the right elbow is not indicated as medically necessary.

**1 ACUPUNCTURE VISITS 2 X PER WEEK FOR 6 WEEKS FOR THE CERVICAL SPINE AND 2 ACUPUNCTURE VISITS RIGHT ELBOW 2 X PER WEEK FOR 6 WEEKS:** 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 (CAMTUS) states that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The CAMTUS recommends a trial of 3-6 treatments to produce effect. Acupuncture treatments may be extended if functional improvement is documented. Given this, the request for 1 acupuncture visit 2 x per week for 6 weeks for the cervical spine and 2 acupuncture visits for the right elbow 2 x per week x 6 weeks is not indicated as medically necessary.