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| Case Number: | CM14-0069959 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 12/12/2011 |
| Decision Date: | 08/20/2014 | UR Denial Date: | 03/15/2014 |
| Priority: | Standard | Application Received: | 04/02/2014 |

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 36 year old male who sustained an injury to his upper back on 12/12/11 when an electric drill became stuck, pulling his right upper extremity and twisting his body. He immediately noted neck, right shoulder, and upper/low back pain. He presented to the clinic on 02/06/12, where x-rays and MRI were obtained. He was given hot/cold packs and placed on modified work restrictions. He was then referred to a chiropractor. Medications and acupuncture were prescribed. TENS unit for home use was also prescribed, but this was not approved by the carrier. The injured worker stated that injections helped temporarily. The injured worker stated he was compliant in a home exercise program. Physical examination noted right shoulder flexion range of motion 100 degrees, extension 30 degrees, abduction 90 degrees, adduction 40 degrees, internal rotation 50 degrees, and external rotation 60 degrees. Progress report dated 02/25/14 indicated that the injured worker continued to have neck, upper, and mid back pain described as aching, dull, and sharp. The injured worker was recommended for C7-T1 epidural steroid injection and acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request: One (1) Cervical 7 - Thoracic 1 Epidural Steroid Injections (ESI):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181.

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

Decision rationale: The prospective request for C7-T1 epidural steroid injection is not medically necessary. Previous request was denied on the basis that radiculopathy had not been documented on the most recent physical examination. The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The CAMTUS also states that the injured worker must be initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, muscle relaxants). Physical therapy notes provided for review did not indicate the injured worker's progression/regression through conservative treatment. Given this, the prospective request for C7-T1 epidural steroid injection is not indicated as medically necessary.

Prospective Request: Eight (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: The prospective request for eight sessions of acupuncture is not medically necessary. Previous request was partially certified for six sessions of acupuncture. The 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 an initial regimen of three to six treatments and with clinical documentation of functional improvement, acupuncture treatments may be extended. After reviewing the clinical documentation submitted, there was no additional significant objective clinical information provided for review that would support reversing the previous adverse determination. Given this, the prospective request for eight sessions of acupuncture is not indicated as medically necessary.