

Case Number:	CM14-0093931		
Date Assigned:	07/25/2014	Date of Injury:	06/16/2011
Decision Date:	10/02/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/20/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for cubital tunnel syndrome, carpal tunnel syndrome, hip pain, and pelvic pain reportedly associated with an industrial injury of June 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; an H-Wave device; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 20, 2014, the claims administrator denied a pain management consultation, invoking non-MTUS Chapter 7 ACOEM Guidelines. The claims administrator also denied a request for acupuncture. The claims administrator stated that it was not certain whether or not the applicant had had prior acupuncture. The applicant's attorney subsequently appealed. In a December 2, 2013 progress note, the applicant reported issues with skin lesions suggestive of eczema. On February 10, 2014, the applicant reported wrist residual cubital syndrome status post earlier failed surgical release. Work restrictions were endorsed; however, it did not appear that the applicant was working. A pain management consultation was also sought. In an earlier note dated February 3, 2014, the applicant was given refills of Mobic, Tylenol No. 4, Neurontin, and an unspecified lotion. The applicant was also using Protonix. Usage of an H-Wave device was unsuccessful in ameliorating the applicant's pain complaints, it was suggested. On March 24, 2014, the applicant was again described as having residuals of right-sided cubital tunnel syndrome with pain radiating from arm and shoulder. The applicant was diabetic, it was acknowledged, and was using Tylenol, Metformin, and Lipitor. Medication refills were furnished. The applicant was asked to obtain a six-session course of acupuncture. The remainder of the file was surveyed. There was no evidence that the applicant had had prior acupuncture on file. There were no acupuncture progress notes on file. There was no definitive

statement from any of the applicant's treating providers or from the claims administrator that the applicant had or had not had prior acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a special evaluation is necessary. In this case, the applicant has multifocal pain complaints. The applicant is off of work. The applicant's pain complaints have proven recalcitrant to time, medications, physical therapy, and other conservative measures. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management consultant, is therefore indicated. Accordingly, the request is medically necessary.

Bilateral Upper Extremity Acupuncture Three Times a Week for Two Weeks for the Right Upper Extremity, Quantity 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six sessions. In this case, thus, the six-session course of treatment sought does conform to MTUS parameters. There is no concrete evidence on file that the applicant has had prior acupuncture. A six-session trial of acupuncture to ameliorate the applicant's chronic pain complaints is therefore indicated. Accordingly, the request is medically necessary.