

Case Number:	CM14-0189171		
Date Assigned:	11/20/2014	Date of Injury:	10/21/2012
Decision Date:	01/28/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/12/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 52-year-old woman who sustained a work-related injury on August 8, 2013. Subsequently, the patient developed a chronic bilateral upper extremities pain. According to a progress report dated on April 3, 2014, the patient was complaining of left elbow pain with a severity rated 6-8/10 as well as bilateral wrist pain with a severity rated between 6-8/10. The patient physical examination demonstrated left elbow tenderness with limited range of motion and bilateral wrist tenderness. The patient was diagnosed with L1 and strain as well as insomnia. The provider requested authorization for acupuncture and elbow injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, <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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be

inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Furthermore and according to MTUS guidelines, < "Acupuncture with electrical stimulation" is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. The patient developed elbow and musculoskeletal disorders. She is a candidate for treatment with acupuncture. However the frequency of the treatment should be reduced from 12 to 3 or less sessions. More sessions will be considered when functional and objective improvement are documented. Therefore the request is not medically necessary.

Injection to relieve pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Occupational Medicine Practice Guidelines. Elbow Complaints. Table 4 page 41.

Decision rationale: According to Occupational Medicine Practice Guidelines and in the chapter of elbow complaints, local corticosteroid injections for medial and lateral epicondylalgia have evidence of short term efficacy while simultaneously having not demonstrated long term efficacy. Should be considered after 3-4 weeks failure of conservative treatment. There is no documentation of epicondyle dysfunction or failure of conservative treatments. Therefore, the request is not medically necessary.