

Case Number:	CM14-0195835		
Date Assigned:	12/19/2014	Date of Injury:	08/04/2011
Decision Date:	01/16/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/21/2014

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 Family Medicine and is licensed to practice in Ohio. 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 58-year-old male with cumulative trauma injuries sustained between August 2010 and August 2011. He complains of neck, upper back, lower back, bilateral shoulder, bilateral wrist, bilateral knee, and bilateral hand pain as a consequence of his employment as a painter. The notes from the treating physician were reviewed and indicate that an MRI scan of the lumbar spine revealed evidence of a herniated nucleus pulposus and foraminal stenosis, although that report has not been included. Additionally, there is reference to electrodiagnostic testing that purports to show evidence of a radiculopathy in the lower extremities. It is noted that the injured worker complains of low back pain on a level of 3/10 without pain medications and improving to a 0/10 with pain medications. Other testing referred to in the notes purports to show evidence of a torn right-sided lateral meniscus, right shoulder impingement, and bilateral carpal tunnel syndrome. The injured worker has declined shoulder surgery and a carpal tunnel surgery. The physical exam shows limited range of motion in the cervical, thoracic, and lumbar spine. There is a positive Hawkin's and Neer's test of the right shoulder. There is tenderness of the lumbar paravertebral muscles and a positive straight leg raise test bilaterally. The injured worker has previously had a lumbar epidural steroid injection with 50% relief. The diagnoses include shoulder tendinitis/bursitis, carpal tunnel syndrome, lumbar sacral and cervical radiculopathies, torn lateral meniscus, and significantly, alcoholic cirrhosis. At issue is a request for a neurosurgical consultation for the spine and for 12 sessions of acupuncture visits for the bilateral shoulders, knees, wrists, neck, lumbar spine and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgery Consultation for the Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Discectomy/ Laminectomy

Decision rationale: Per ODG Indications for Surgery; Discectomy/laminectomy, required Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging. In this instance, the treating provider has not documented any physical evidence of nerve root compression, for example unilateral weakness or atrophy. In fact, the agreed medical examiner found an absolutely normal lower extremity neurologic exam previously. The electrodiagnostic studies that purport to show a lower extremity radiculopathy were somehow omitted for purposes of this review. Similarly, the MRI imaging which is said to show a herniated nucleus pulposus and foraminal stenosis is absent from the records. The notes from the primary treating physician, while nearly illegible at times, do not seem to document any kind of lower extremity neurologic exam. Additionally, the injured worker does not complain of radicular pain. There is no indication that the injured worker would have back surgery, if offered, as there does not appear to be any discussion about that from the treating provider, and he has twice before refused less invasive surgeries. Lastly, it is difficult to understand why a neurosurgeon would perform back surgery when the injured worker effectively has no pain while on medication and only has mild pain when not taking medication. Therefore, request for Neurosurgery Consultation for the Spine is not medically necessary.

12 Acupuncture Visits for the Bilateral Shoulders, Knees, Wrists, Neck, Lumbar Spine and Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Acupuncture

Decision rationale: Per ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of reduced pain, medication use and objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) Acupuncture is not recommended for neck pain or for carpal tunnel syndrome. Because the request for acupuncture involves multiple body parts that are not amenable to acupuncture, 12 acupuncture visits for the bilateral shoulders, knees, wrists, neck, lumbar spine and thoracic spine are not medically necessary.

