

Case Number:	CM14-0209583		
Date Assigned:	12/22/2014	Date of Injury:	01/25/2012
Decision Date:	02/19/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year old patient with date of injury of 01/25/2012 Medical records indicate the patient is undergoing treatment for shoulder joint pain, low back pain, cubital tunnel syndrome, neck pain, spinal stenosis in cervical region, displacement of cervical intervertebral disc without myelopathy. Subjective complaints include constant right arm pain and numbness into right fingers. Objective findings include tenderness scalene muscles of levator scapulae, tenderness of paracervicals, sternocleidomastoid and trapezius; tenderness of occipital protuberance, mastoid process, transvers process on right at C2; active cervical range of motion - flexion to left and right 5 degrees, extension 15, passive range of motion normal; decreased sensation at C3 of the 4th and 5th digit, ulnar hand and distal forearm; positive straight leg raise on right; mild tenderness of palpation of lumbar spine; hamstring weakness and plantar flexion gastrocnemius weakness. Treatment has consisted of physical therapy, spinal nerve block and brace at night, Naproxen. The utilization review determination was rendered on 12/03/2014 recommending non-certification of Acupuncture One Time A Week For Four Weeks and C6-7 Right Transforaminal Cervical Epidural Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture one time a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acupuncture

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state 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 medical records do not indicate that pain medication is reduced or not tolerated. There is also no indication that this would be used in conjunction with physical rehabilitation and/or surgical intervention. ODG states regarding shoulder acupuncture, "Recommended as an option for rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following surgery." and additionally specifies the initial trial should be "3-4 visits over 2 weeks with evidence of 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.)" Guidelines state that an initial trial should be "3-4 visits over 2 weeks with evidence of objective functional improvement". Feedback should be given over the initial 2 week trial period. As such, the request Acupuncture one time a week for four weeks is not medically necessary.

C6-7 Right transforaminal cervical epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Epidural steroid injections (ESIs)

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that a home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain, if any. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first

block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.5) No more than two nerve root levels should be injected using transforaminal blocks.6) No more than one interlaminar level should be injected at one session.7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. 8) Current research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The medical documents provided did not document a positive Spurling's test. Concerning medical imaging, there is no evidence of cervical nerve root compression on MRI. The medical documents provided do not provide evidence of cervical radiculopathy. As such, the request C6-7 right transforaminal cervical epidural injection is not medically necessary.