

<b>Case Number:</b>	CM15-0181859		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 37 year old female, who sustained an industrial injury on 5-30-2014. The injured worker is being treated for lumbar disc protrusion, lumbar osteophytes and bilateral hand and wrist pain. Treatment to date has included diagnostics including electrodiagnostic testing and modified work. EMG (electromyography)-NCS (nerve conduction studies) of the bilateral lower extremities dated 4-02-2015 were consistent with right S1 radiculopathy, clinical correlation is advised. The IW refused paraspinal muscle needle exam due to pain. There was no evidence of peripheral neuropathy. Per the most recent submitted, handwritten Primary Treating Physician's Progress Report dated 5-13-2015, the reported lower back pain, neck pain and right hand pain. Objective findings included a tender wrist, and tenderness to palpation of the cervical and lumbar paraspinals with pain upon ranges of motion in all planes. Work status was temporarily totally disabled. The plan of care included, and authorization was requested on 8-05-2015 for acupuncture (2x4) for the lumbar spine, physical therapy (3x4) for the lumbar spine and magnetic resonance imaging (MRI) of the left hand and wrist. On 8-18-2015, Utilization Review non-certified the requests for acupuncture, physical therapy and MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x4 lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The claimant sustained a work injury in May 2014 due to repetitive handling of heavy boxes and is being treated for neck, low back, and hand pain. When seen, there was cervical and lumbar paraspinal muscle tenderness with decreased and painful range of motion. Straight leg raising was positive on the right side. There was bilateral wrist tenderness with full range of motion without swelling. Authorization was requested for acupuncture, physical therapy, and an MRI scan of the left wrist and hand. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.

**Physical therapy 3x4 lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in May 2014 due to repetitive handling of heavy boxes and is being treated for neck, low back, and hand pain. When seen, there was cervical and lumbar paraspinal muscle tenderness with decreased and painful range of motion. Straight leg raising was positive on the right side. There was bilateral wrist tenderness with full range of motion without swelling. Authorization was requested for acupuncture, physical therapy, and an MRI scan of the left wrist and hand. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not medically necessary.

**MRI left wrist/hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), MRI's (magnetic resonance imaging).

**Decision rationale:** The claimant sustained a work injury in May 2014 due to repetitive handling of heavy boxes and is being treated for neck, low back, and hand pain. When seen, there was cervical and lumbar paraspinal muscle tenderness with decreased and painful range of motion. Straight leg raising was positive on the right side. There was bilateral wrist tenderness with full range of motion without swelling. Authorization was requested for acupuncture, physical therapy, and an MRI scan of the left wrist and hand. Magnetic resonance imaging for patients with chronic wrist pain enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFCC) and intraosseous ligament tears, occult fractures, avascular necrosis, and miscellaneous other abnormalities. In this case, there no physical examination findings or plain film x-rays that support the presence of any of these conditions. The request is not medically necessary.