

Case Number:	CM15-0194230		
Date Assigned:	10/08/2015	Date of Injury:	03/26/1999
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 63 year old female who sustained an industrial injury March 26, 1999. Past history included right upper extremity carpal tunnel release, nerve dissection and mobilization and tenosynovectomy, partial April 13, 2015. According to a primary treating physician's progress report dated August 7, 2015, the injured worker presented for orthopedic re- evaluation with complaints of aching low back pain, rated 8-9 out of 10, and stabbing and aching pain in her right wrist-hand, rated 10 out of 10. Current medication included Ambien, Xanax, hydrochlorothiazide and Ditizidol Forte, which she reported as helpful. The treating physician documented the injured worker is going to get therapy from her private doctor for her lumbar spine, she takes medicine from Mexico, and is using coconut oil but in need of more transdermal pain cream. A physical therapy evaluation dated May 27, 2015, one page is present in the medical record but a very poor copy and unable to decipher. Objective findings included; 5' and 2015 pounds; ambulates with a normal gait, toe and heel walk are intact; right shoulder-tenderness in the AC (acromioclavicular joint) without instability, crepitus on motion present; apprehension and Hawkin's maneuver negative, Neer's, O'Brien's and drop arm tests are negative, and impingement sign is positive; right hand-abnormal skin color(not specified) and cool temperature, fingers flexible some pain with range of motion, Tinel's sign positive and Phalen's sign present, diffuse forearm tenderness without swelling, motor strength 3 out of 5, moderate decrease in pin appreciation in the median distribution; lumbar spine-sacroiliac tenderness, mild muscle spasm of forward flexion, extension limited to 10 degrees on stress of the pelvis, tenderness of the sacroiliac joint, sciatic stretch signs produces back pain and

sacroiliac pain at 70 degrees. Diagnoses are spinal discopathy; facet arthropathy; right lateral epicondylitis; recurrent right wrist carpal tunnel syndrome; status post right carpal tunnel release. Treatment plan included topical cream, a Smart glove (authorized) and at issue, a request for authorization for acupuncture and physical therapy, right upper extremity. According to utilization review dated September 3, 2015, the request for a Smart glove is certified. The request for Physical Therapy eight (8) sessions (2 x 4), right upper extremity was modified to physical therapy four (4) sessions. The request for acupuncture eight (8) visits (2 x 4), right upper extremity was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 visits, 2 times a week for 4 weeks, right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: "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. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 5. Time to produce functional improvement 3-6 treatments; 6. Frequency: 1-3 times per week; 7. Optimum duration is 1-2 months; 8. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 8 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore the request is in excess of the recommended initial treatment sessions and not medically necessary.

Physical therapy, 8 sessions, 2 times a week for 4 weeks, right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment

alone offers no significant long-term functional benefit. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of back pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore criteria have not been met and the request is not medically necessary.