

Case Number:	CM15-0223782		
Date Assigned:	11/20/2015	Date of Injury:	07/09/2012
Decision Date:	12/30/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/13/2015

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: California, Montana

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 28 year old female, who sustained an industrial injury on 07-09-2012. She has reported injury to the neck, right shoulder, and right hand. The diagnoses have included cervical sprain; right shoulder sprain; lumbar sprain-strain; and severe carpal tunnel syndrome on the right side. Treatment to date has included medications, diagnostics, activity modification, TENS (transcutaneous electrical nerve stimulation) unit, epidural steroid injection, acupuncture, physical therapy, and home exercise program. Medications have included Percocet, Lidocaine cream, and Ambien. A progress report from the treating physician, dated 08-26-2015, documented an evaluation with the injured worker. The injured worker reported neck pain, rated 7 out of 10 in intensity; she states that "depending on my mood as well as the stress level, neck pain fluctuates sometimes when she is stressed out she gets the burning sensation in the cervical spine"; constant headaches; constant moderate to severe lumbar spine pain, rated at 7-8 out of 10 in intensity; and she has a lot of numbness and tingling sensation in reference to the right wrist. Objective findings included there is stiffness, tightness, and pain on deep palpation of the cervical paravertebrals; right rotation and right tilt is somewhat painful; cervical compression test is positive with complaints of pain radiating to the right upper extremity; and there is still weakness in the right upper extremity. The treatment plan has included the request for acupuncture x6, twice weekly for 3 weeks for the cervical, lumbar and right shoulder and cervical foraminotomy at C2-C3. The original utilization reviews, dated 10-16-2015, non-certified the requests for cervical foraminotomy at C2-C3 and Acupuncture x6, twice weekly for 3 weeks for cervical, lumbar and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week times 3 weeks cervical, lumbar, right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions for cervical spine, lumbar spine, and right shoulder which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.

Cervical foraminotomy at C2-C3: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

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

Decision rationale: CA MTUS is silent with regard to cervical decompression surgery. Per ODG Neck & Upper Back / Discectomy-Laminectomy-Laminoplasty:ODG Indications for Surgery: Discectomy/laminectomy (excluding fractures): Washington State has published guidelines for cervical surgery for the entrapment of a single nerve root and/or multiple nerve roots. (Washington, 2004) Their recommendations require the presence of all of the following criteria prior to surgery for each nerve root that has been planned for intervention (but ODG does not agree with the EMG requirement): A. There must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test. B. There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level. Note: Despite what the Washington State guidelines say, ODG recommends that EMG is optional if there is other evidence of motor deficit or reflex changes. EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms such as metabolic (diabetes/thyroid) or peripheral pathology (such as carpal tunnel). For more information, see EMG. C. An abnormal imaging (CT/myelogram and/or MRI) study must show

positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic. D. Etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures. E. There must be evidence that the patient has received and failed at least a 6-8 week trial of conservative care. In this case review of the notes from 8/26/15 show that the ODG criteria have not been met. There is no evidence of abnormal imaging that correlates with the patient's symptoms and physical examination. Thus the proposed surgery is not medically necessary.