

Case Number:	CM15-0056272		
Date Assigned:	04/01/2015	Date of Injury:	09/26/1992
Decision Date:	05/22/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/24/2015

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, Washington

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 55 year old female, who sustained an industrial injury on 09/26/1992. The initial complaints or symptoms included injury to the neck, right shoulder, left elbow, bilateral wrist and low back due to cumulative trauma from repetitive task, and from a piece of equipment falling on her neck and right shoulder. The diagnoses include cervical spine strain/sprain, lumbar spine strain/sprain, status post left carpal and cubital tunnel releases (01/24/2014), and right shoulder strain/sprain. Treatment to date has included conservative care, medications, conservative therapies (including previous acupuncture treatments), MRIs, electrodiagnostic testing of the upper extremities, lumbar epidural steroid injections, left wrist/arm surgery, right wrist surgery, and right shoulder surgery. Currently, the injured worker complains of moderate cervical spine pain with movement and radiating to the bilateral shoulders, right greater than left, intermittent mild right shoulder pain, left elbow and wrist pain with heavy lifting and other specific activities, mild to moderated pin in the right wrist on palpation, and constant moderate low back pain which was described as sharp and radiation to the right hip and right lower extremity. Her pain was rated at 5/10. She reported right wrist numbness and tingling. The injured worker was noted to be status post lumbar epidural steroid injection at L4-L5 and L5-S1 on 01/13/2015 without noted relief/benefit. Her medications included cyclobenzaprine 10mg, Lunesta 2mg, naproxen 550mg, and omeprazole 20mg. The treatment plan consisted of 8 additional acupuncture session, 1EMG/NCS (electromyography/nerve conduction study) for the bilateral lower extremities, 1 lumbar facet injection block at L5-S1, rheumatology consultation, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Acupuncture Medical Treatment Guidelines indicate time to produce functional improvement would be 3 to 6 treatments, that acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. As there is a lack of documentation regarding pain medication being reduced or not tolerated, being used as an adjunct to physical rehabilitation or surgical intervention, and the guidelines indicate the time to produce functional improvement would be 3 to 6 treatments and there is a lack of documentation of previous acupuncture treatments, the request for 8 acupuncture visits is not medically necessary.

1 EMG/NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The ACOEM Guidelines indicate electromyography is not recommended for acute, subacute, and chronic radicular pain syndromes, including sciatica. EMG for clinically obvious radiculopathy is not recommended. The physical exam indicated radiculopathy symptoms as well as the injured worker has had treatment for radiculopathy as indicated by epidural injections. As radiculopathy is already clinically obvious and nerve conduction studies are not recommended, the request for 1 EMG/NCV of bilateral lower extremities is not medically necessary.

1 lumbar spine facet injection block at L5/S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289, 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back (Lumbar & Thoracic) (Acute & Chronic).

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, lumbar spine facet injection block.

Decision rationale: The Official Disability Guidelines state the criteria for facet joint diagnostic blocks include low back pain that is nonradicular and at no more than 2 levels bilaterally, documentation of failure conservative treatment prior to the procedure for at least 4 to 6 weeks, and 1 set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. There is a lack of documentation regarding the diagnostic medial branch blocks being performed. There is also a lack of documentation of non-radicular pain and a failure of conservative treatment. Therefore, the request for lumbar spine facet injection block at L5-S1 level is not medically necessary.

1 rheumatology consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

Decision rationale: The ACOEM Guidelines indicate the absence of red flags rules out the need for special studies, referral, or inpatient care during the first 4 to 6 weeks, when spontaneous recovery is expected. As there is an absence of red flags, although the injured worker has complaints of pain to several joints, there does not appear to be indications of severe disorders. Therefore, the request for 1 rheumatology consult is not medically necessary.