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| Case Number: | CM14-0140704 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 11/16/2012 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 08/15/2014 |
| Priority: | Standard | Application Received: | 08/29/2014 |

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 70 year old female who reported an injury on 11/16/2012; the mechanism of injury occurred when she pushed a falling cart back into the upright position. Diagnoses included left shoulder trapezius muscle strain and left cervical radiculopathy. Past treatment included C4-5 and C5-6 epidural steroid injections on 04/18/2013, acupuncture, trigger point injections to the left shoulder, and medication. Past diagnostics included an MRI of the cervical spine, dated 12/14/2012, which indicated osteophytes at the C3-4, C5-6, and C6-7 levels and associated narrowing of the bilateral C6 and C7 neural foramina, unofficial. An MRI of the left shoulder, dated 12/14/2014, indicated a type of ganglion cyst associated with labral tear; mild atrophy of the teres minor muscle possibly related to a nerve entrapment; and degenerative changes of the acromioclavicular joint which abut the underlying supraspinatus muscle and tendon, unofficial. An EMG of the left upper extremity, completed on 03/19/2013, indicated left C5-6 radiculopathy and mild carpal tunnel syndrome, unofficial. Surgical history was not provided. The clinical notes dated 07/25/2014 indicated the injured worker complained of increased left hand weakness, and increased pain radiating down the left side of the back and across the opposite shoulder. She also complained of tingling pain behind the left scapula and decreased range of motion. Physical exam revealed decreased strength in the left shoulder and left grip, decreased sensation in the left digits 1-3, and positive left Spurling's test. Current medications included Tylenol ES. The treatment plan included 6 acupuncture visits to the left shoulder and cervical spine, and repeat cervical epidural steroid injection x1. The rationale for treatment and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 visits, left shoulder, cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 6 acupuncture visits to the left shoulder and cervical spine is not medically necessary. The California MTUS guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines indicate that the time to produce functional improvements is 3 to 6 treatments, with an optimum duration of 1 to 2 months. The documentation provided indicated the injured worker completed 10 recent acupuncture visits when she complained of increased left hand weakness and increased pain radiating down the left side of the back and across the opposite shoulder. She also complained of tingling pain behind the left scapula and decreased range of motion. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the 10 recent acupuncture sessions as well as remaining functional deficits which would demonstrate the need for additional sessions. Therefore the request for 6 acupuncture visits to the left shoulder and cervical spine is not medically necessary.

Repeat cervical epidural steroid injection x 1: 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 Page(s): 46.

Decision rationale: The request for repeat cervical epidural steroid injection x1 is not medically necessary. The California MTUS guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The criteria for use of epidural steroid injections includes documented physical exam findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing, and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 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. There is a lack of imaging studies and/or electrodiagnostic testing to corroborate the diagnosis of cervical radiculopathy. There is also a lack of documentation to indicate the efficacy of the previous cervical epidural steroid injection, including at least 50% pain relief for six to eight weeks with medication reduction and significant objective functional improvement.

Additionally, the request does not indicate the specific location for the injection. Therefore the request for repeat cervical epidural steroid injection x1 is not medically necessary.