

Case Number:	CM14-0153857		
Date Assigned:	09/23/2014	Date of Injury:	07/02/2013
Decision Date:	10/24/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/20/2014

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 Occupational Medicine and is licensed to practice in California. 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:

There were 125 pages provided for this review. The disputed services were Tylenol number three, Daypro, cervical ESI and authorization for acupuncture. There was a peer review. The Tylenol number three and the Daypro were certified but the acupuncture and the cervical ESI C5-C6 were not. Per the records provided, this is a 50-year-old woman who was injured July 2, 2013. The VAS was eight out of 10. Current medicines were tramadol and Tylenol with codeine, but the patient was not taking these medicines as they were not helpful. The claimant was prescribed Lodine 400 mg twice a day and was working modified duty. As of June 18, there was severe pain. The Neer and Hawkins tests were positive on the left. Cervical compression and Spurling test were negative. The claimant was scheduled for cervical MRI. The MRI showed degenerative changes. As of July 23, 2014 she continued to report neck pain going to the shoulder. The medicines help but she runs out. Cervical compression and Spurling tests are negative. Near and Hawkins tests are positive. It was noted that acupuncture was previously authorized on June 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection (CESI) C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (EDIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

Decision rationale: The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. The request appears appropriately non-certified based on the above.

Awaiting authorization for acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). It is noted that acupuncture was previously authorized, but the functional improvement out of those sessions, or if the sessions were done, is not noted. It is also not clear what other conservative treatments had been exhausted. At present, the request is not certified based on these records.