

Case Number:	CM14-0164065		
Date Assigned:	10/08/2014	Date of Injury:	05/31/2013
Decision Date:	11/07/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/06/2014

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:

The claimant was injured on 05/31/13. Acupuncture and physical therapy for the low back are under review. On 03/19/14, she reported significant pain without improvement. She had tenderness about the right shoulder. Range of motion was mildly decreased. She had positive Tinel's at the ulnar tunnel and a positive flexion test. She was diagnosed with right shoulder tendinitis and right cubital tunnel release was requested. She was prescribed several medications including diclofenac XR, omeprazole, and tramadol and was referred for management of chronic pain. On 04/23/14, she had continued pain and reported neck pain. X-rays of the cervical spine showed degenerative changes from C5-C7. She had tenderness about the paracervical musculature. There were no neurologic deficits. Her medications were continued and she received Nucynta. Surgery was done on 05/22/14 and included right elbow medial epicondylectomy and ulnar nerve transposition. On 05/28/14, she was doing much better and was 60% improved in sensation to the right ulnar nerve. On 06/06/14, she still had intermittent numbness but was better. She was to start physical therapy for 18 visits for the right elbow and was given OxyContin. On 07/02/14, she was doing markedly better and had approximately 40% improvement. She still had 7-8/10 pain in her neck and back. She had tenderness of the neck and back with some muscle spasms of the paralumbar musculature. She was diagnosed with cervical and lumbar strains. 18 visits for the right elbow for postop PT were continued. MRI of the cervical spine dated 07/22/14 revealed disc protrusions with mild central canal narrowing at C5-6 and C6-7. MRI of the lumbar spine on 07/23/14 revealed scoliosis with disc protrusions causing abutment of the descending L5 nerve roots and exiting bilateral L4 nerve roots. On 08/04/14, she still had neck pain at level 6/10. She was able to do most of her activities of daily living without significant problems. She was 50% improved about the elbow. Her physical findings were essentially the same. She was to continue physical therapy and acupuncture was

recommended for the elbow, neck, and back for 18 visits. On 08/06/14, she reported minimal help from diclofenac and no help from tramadol. She denied having acupuncture, PT, epidurals, or surgery. She had decreased lumbar range of motion. There was tenderness about the back but no neurologic, and tizanidine were ordered by the pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The history and documentation do not objectively support the request for 18 sessions of acupuncture. The MTUS state "Acupuncture Medical Treatment Guidelines (a) As used in this section, the following definitions apply: (1) "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" In this case, there is no evidence that the claimant has been unable to tolerate medications or has chronic pain that is not likely to respond to other treatment methods. There is no indication that she has been involved in an ongoing rehab program of exercise that is to be continued in conjunction with acupuncture treatment. Acupuncture is not a standalone treatment and is expected to be accompanied by active exercise. There is also no evidence of a successful trial of acupuncture. The medical necessity of this request for acupuncture 3 x 6 weeks has not been clearly demonstrated. Therefore the request is not medically necessary.

PT 3x6 Weeks- Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The history and documentation do not objectively support the request for 18 visits of PT for the low back. The claimant reportedly has not attended PT for her low back. However, the MTUS recommend "1-2 visits for education, counseling, and evaluation of home exercise for range of motion and strengthening." There is no evidence that she requires extensive supervised exercise program or is unable to exercise independently. There is no clinical information that indicates that continuation of PT is likely to be highly beneficial. The request for 18 visits of PT (3 x 6 weeks) is not medically necessary.

