

Case Number:	CM15-0111633		
Date Assigned:	06/18/2015	Date of Injury:	12/17/2014
Decision Date:	07/22/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old female patient, who sustained an industrial injury on 12/17/2014. The mechanism of injury was a gradual onset of pain. The diagnoses include carpal tunnel syndrome of the left hand, overuse tendinitis of the left forearm and wrist and radicular neck pain with left arm radiculitis. Per the progress note dated 5/13/2015, she had complains of left arm pain that starts from neck with radiation to the arms with intermittent tingling and numbness of the radial two fingers of the left hand. Physical examination showed tenderness and tightness of the left trapezius with full range of motion of the cervical spine and upper extremity and forearm and wrist tenderness. The medications list includes simvastatin, lisinopril, aspirin and metformin. She has undergone right elbow surgery for tennis elbow in 2010. Treatment to date has included physical therapy, bracing and medication management. The treating physician is requesting cervical magnetic resonance imaging and 8 sessions of acupuncture to the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Per the ACOEM chapter 8 guidelines "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out". The ACOEM chapter 8 guidelines recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags". Per the progress note dated 5/13/2015, she had complains of left arm pain that starts from neck with radiation to the arms with intermittent tingling and numbness of the radial two fingers of the left hand. Therefore, per the records provided patient has cervical pain with radicular symptoms in the left upper extremities. Patient has tried conservative therapy including physical therapy, medications and bracing. The cervical MRI is medically appropriate to rule out any red flags or neurocompression. The request of MRI of the cervical spine is medically necessary and appropriate for this patient.

Acupuncture 2x4 Left Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS guidelines Acupuncture Medical Treatment Guidelines 9792.24.1 Acupuncture Medical Treatment Guidelines CA MTUS Acupuncture medical treatment guidelines cited below state that, "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". CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines "Acupuncture treatments may be extended if functional improvement is documented". Therefore the requested visits are more than the recommended by the cited criteria. The medical records provided do not specify any intolerance to pain medications. Response to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. The request for Acupuncture 2x4 Left Upper Extremities is not medically necessary or fully established in this patient at this time.