

Case Number:	CM15-0111920		
Date Assigned:	06/18/2015	Date of Injury:	08/27/2011
Decision Date:	07/17/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/10/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old, male who sustained a work related injury on 8/27/11. He was loading 10 to 15 metal pieces onto a truck and his hands got stuck between the metal. He had immediate pain in both hands, shoulders, neck and elbows. Once his hands were freed, he had bleeding on his left hand. The diagnoses have included cervical spondylosis, cervical disc protrusions, acromioclavicular osteoarthopathy left shoulder with pain, status post left shoulder surgery, tendinosis right shoulder, bilateral carpal tunnel syndrome, myofascial low back pain, lumbar radiculopathy, cervical pain and thoracic pain. Treatments have included neck injections, shoulder injections, medications, left shoulder surgery, acupuncture with some benefit, psychotherapy, and physical therapy. In the Follow-Up dated 4/14/15, the injured worker complains of cervical pain with bilateral arm symptoms, left greater than right. He rates this pain a 7/10. He complains of thoracic pain. He rates this pain level a 6/10. He complains of low back pain with lower legs symptoms. He rates this pain level a 6/10. He complains of bilateral shoulder pain. He rates the left shoulder pain an 8/10 and the right shoulder a 5/10. He complains of bilateral wrist pain. He rates the right wrist pain a 5/10 and the left wrist a 5/10. He has tenderness of cervical spine. He has decreased range of motion in cervical spine. He has decreased thoracic spine range of motion. He has tenderness in lumbar spine with spasm. He has decreased range of motion in lumbar spine. He has positive straight leg raises with both legs. He has tenderness in right shoulder with positive impingement sign. He has positive Tinel's and Phalen's signs with both wrists. The treatment plan includes a request for a therapeutic lumbar spine epidural injection and for additional acupuncture sessions for all body parts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this chronic injury nor what functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered for this chronic injury of 2011. The Acupuncture 2 x 6 is not medically necessary or appropriate.

ESI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any specific neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. Criteria for the epidurals have not been met or established. The ESI lumbar spine is not medically necessary or appropriate.