

<b>Case Number:</b>	CM15-0120042		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, Pain Management

### 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 43 year old male who sustained an industrial injury on 8/9/12. He had complaints of head, back, lower extremities, knee and foot pain. Progress note dated 4/16/15 reports continued complaints of neck pain that goes into his left shoulder past his elbow with numbness and tingling in his left hand. Diagnoses include cervical spinal stenosis, depression, biceps tenosynovitis, slap lesion shoulder, rotator cuff syndrome, rotator cuff rupture, cervicobrachial syndrome, numbness of hand, fracture distal radius and wrist pain. Plan of care includes: consider acupuncture, consider diagnostic and therapeutic left C7 epidural steroid injection and trial injection for neck. Follow up in 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for neck for 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, the original request was for 12 sessions for the neck and the utilization review process had recommended modification to 4 sessions. Given that the guidelines support a trial of 6 sessions, the originally requested acupuncture x 12 sessions is not medically necessary.

**Cervical epidural steroid injection (ESI):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

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

**Decision rationale:** Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Within the documentation available for review, there are recent physical examination findings supporting a diagnosis of radiculopathy. The patient on March 10, 2015 demonstrated weakness of the left APB and finger abduction, which correspond to C6 and C7-T1 myotomes. The patient has cervical MRI that does have left neuroforaminal stenosis at C6-7, and there are broad based disc bulges at a couple levels. Given these findings, and the fact the patient has attempted conservative care including pain medications, the epidural steroid injection is medically necessary.