

Case Number:	CM15-0126831		
Date Assigned:	07/13/2015	Date of Injury:	12/02/2014
Decision Date:	08/14/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/01/2015

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, Hawaii

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 43 year old female, who sustained an industrial injury on 12/2/14. Initial complaints were of her neck, right upper extremity and back pain. The injured worker was diagnosed as having carpal tunnel syndrome right upper extremity; cervical strain/sprain; cervical subluxation; cervicobrachial syndrome; lumbar strain/sprain; lumbar subluxation. Treatment to date has included physical therapy; chiropractic therapy; acupuncture; urine drug screening; medications. Diagnostics studies included MRI of the lumbar spine with Flex-Ext (3/12/15); MRI of the right wrist with flexion and extension (3/12/15); MRI cervical spine (3/12/15); EMG/NCV study upper extremities (1/15/15). Currently, the PR-2 notes dated 2/9/15 indicated the injured worker complains of neck pain rated at 8/10 and describes a radicular component into her right upper extremity and into all digits of her right hand as well as small finger/right finger of her left upper extremity. She reports leg cramps, toes numbness along with back pain which is rated 8/10. The upper extremity pain is described as 8/10 as well. The provider notes her medical history includes diabetes and hypertension which she takes Lisinopril, metformin and glipizide. On physical examination on this date her blood pressure was 158/120. Examination of the upper extremities there is noted loss of strength of the thumb to the remaining digits of the right hand and normal strength in the left hand. He continues with documentation of the Jamar dynamometer testing. Pin wheel pinprick of the upper extremities demonstrates a hypoesthesia C5-6 and C6-7 dermatome levels of the bilateral upper extremities. Tinel's tap and Phalen's sign are positive on the right. Cervical muscle spasms are demonstrated with subluxation prominent at C5-6 in motion palpation with noted inflammation at the

subluxation site C5-6. Cervical compression is positive on the right with distraction negative bilaterally. Range of motion of the cervical spine is compromised primarily in the left cervical rotation achieving no greater than 65-70% of normal and 70% on the left cervical rotation. Straight leg raise is accomplished to 80 degrees bilaterally without complain of back pain. Her range of motion of the lumbar spine is accomplished at 70 degrees of normal. The MRI of the cervical spine with flexion and extension dated 3/12/115 notes impression of decreased range of motion on flexion and extension positions. There is disc desiccation at C2-C3 down to C6-C7. At C5-C6 and C6-C7 there is broad-based disc herniation indenting the thecal sac with concurrent bilateral uncovertebral degenerative changes causing narrowing of the bilateral neural foramen. The MRI of the lumbar spine with flexion and extension dated 3/12/115 impression notes disc dessication at L4-L5 and L5-S1. There is restricted range of motion on flexion and extension. At T12-L1 there is focal disc herniation which is causing mild spinal canal stenosis. And at L1-L2, L2-L3 and L3-L4, L4-L5 and L5-S1, there is diffuse disc herniation. These findings are causing spinal stenosis. The MRI of the right wrist with flexion and extension dated 3/12/15 notes an impression of negative ulnar variance with increased capitollunate angle which may reflect dorsal intercalated segmental instability. An EMG/NCV study of the upper extremities completed on 1/15/15 was reported as consistent with carpal tunnel syndrome and milder polyneuropathy likely secondary to her diabetes. Electromyography was normal in the testing. The provider is requesting authorization of acupuncture for the right hand 4 sessions and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x4 for the right hand: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with pain affecting the neck, right hand, and lower extremities. The current request is for Acupuncture 1x4 for the right hand. The report with this request was not provided for review. The treating physician states in the report dated 2/19/15, "We reviewed the full range of treatment options including continues night splitting, additional therapy, injections, and surgery. She would like to perform another trial of therapy." (31C) The Acupuncture Medical Treatment guidelines support acupuncture treatment on the wrist and states that the time to produce functional improvement should be about 3-6 visits. In this case, there are no medical records provided to indicate that the patient has had any prior acupuncture treatment for this injury and this is an initial request for care. The current request is medically necessary.

Follow up visit: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The patient presents with pain affecting the neck, right hand, and lower extremities. The current request is for Follow up visit. The report with this request was not provided for review. The treating physician states in the report dated 2/19/15, "We reviewed the full range of treatment options including continues night splitting, additional therapy, injections, and surgery. She would like to perform another trial of therapy." (31C) The MTUS guidelines state, "The physician should periodically review the course of treatment of the patient and any information about the etiology of the pain or the patient's state of health." The current request is medically necessary.