

<b>Case Number:</b>	CM15-0168341		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: New York  
 Certification(s)/Specialty: Internal Medicine

### 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 55 year old male, who sustained an industrial injury on 8-30-2010. Diagnoses include cervical sprain-strain, left shoulder rotator cuff, bilateral wrist strain, lumbar strain and right knee strain. Treatment to date has included medications, acupuncture, physical therapy and chiropractic. Medications as of 7-23-2015 included Doc Q Lac, Hydro codeine, Acetmi, Sertraline and topical ointment. Per the Orthopedic Initial Evaluation dated 7-23-2015, the injured worker reported pain in the neck, left shoulder, right wrist and hand, left hand, lower back, right knee and psyche (stress and anxiety). Objective findings were not included in the documentation on this date. The plan of care included, and authorization was requested on 7-23-2015 for acupuncture treatment, magnetic resonance imaging (MRI) of the lumbar spine and B cock-up wrist braces. On 8-07-2015, Utilization Review non-certified the request for acupuncture (2x4) for the cervical spine, left shoulder, left and right wrists, lumbar spine and right knee due to lack of documented functional improvement with prior treatment, and MRI of the lumbar spine, right cock-up wrist splint brace and left cock-up wrist splint brace due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 4 week for the Left Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** This prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Per the MTUS, 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. Medical necessity for any further acupuncture is considered in light of functional improvement. There is evidence that this injured worker has received treatment with acupuncture before, however the records are not clear about its functional benefits. There was no discussion by the treating physician regarding a decrease or intolerance to pain medications. Also 08 visits of acupuncture exceed the MTUS recommendation. Given the MTUS recommendations for use of acupuncture, the requested treatment, Acupuncture 2 times a week for 4 week for the Left Shoulder is not medically necessary.

**Acupuncture 2 times a week for 4 week for the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** This prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Per the MTUS, 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. Medical necessity for any further acupuncture is considered in light of functional improvement. There is evidence that this injured worker has received treatment with acupuncture before, however the records are not clear about its functional benefits. There was no discussion by the treating physician regarding a decrease or intolerance to pain medications. Also 08 visits of acupuncture exceed the MTUS recommendation. Given the MTUS recommendations for use of acupuncture, the requested treatment, Acupuncture 2 times a week for 4 week for the Cervical Spine is not medically necessary.

**Acupuncture 2 times a week for 4 week for the Right Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** This prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Per the MTUS, 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. Medical necessity for any further acupuncture is considered in light of functional improvement. There is evidence that this injured worker has received treatment with acupuncture before, however the records are not clear about its functional benefits. There was no discussion by the treating physician regarding a decrease or intolerance to pain medications. Also 08 visits of acupuncture exceed the MTUS recommendation. Given the MTUS recommendations for use of acupuncture, the requested treatment, Acupuncture 2 times a week for 4 week for the Right Wrist is not medically necessary.

**Acupuncture 2 times a week for 4 week for the Left Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** This prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Per the MTUS, 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. Medical necessity for any further acupuncture is considered in light of functional improvement. There is evidence that this injured worker has received treatment with acupuncture before, however the records are not clear about its functional benefits. There was no discussion by the treating physician regarding a decrease or intolerance to pain medications. Also 08 visits of acupuncture exceed the MTUS recommendation. Given the MTUS recommendations for use of acupuncture, the requested treatment, Acupuncture 2 times a week for 4 week for the Left Wrist is not medically necessary.

**Acupuncture 2 times a week for 4 week for the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** This prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Per the MTUS, 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. Medical necessity for any further acupuncture is considered in light of functional improvement. There is evidence that this injured worker has received treatment with acupuncture before, however the records are not clear about its functional benefits. There was no discussion by the treating physician regarding a decrease or intolerance to pain medications. Also 08 visits of acupuncture exceed the MTUS recommendation. Given the MTUS recommendations for use of acupuncture, the requested treatment, Acupuncture 2 times a week for 4 week for the Lumbar Spine is not medically necessary.

**Acupuncture 2 times a week for 4 week for the Right Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** This prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Per the MTUS, 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. Medical necessity for any further acupuncture is considered in light of functional improvement. There is evidence that this injured worker has received treatment with acupuncture before, however the records are not clear about its functional benefits. There was no discussion by the treating physician regarding a decrease or intolerance to pain medications. Also 08 visits of acupuncture exceed the MTUS recommendation. Given the MTUS recommendations for use of acupuncture, the requested treatment, Acupuncture 2 times a week for 4 week for the Right Knee is not medically necessary.

**MRI of the Lumbar Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter--MRIs.

**Decision rationale:** As per Official Disability Guidelines (ODG), MRI (magnetic resonance imaging) is indicated for Lumbar spine trauma: neurological deficit, Thoracic spine trauma: with neurological deficit, Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit), Uncomplicated low back pain, suspicion of cancer, infection, other red flags. Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit, Uncomplicated low back pain, prior lumbar surgery, Uncomplicated low back pain, cauda equina syndrome, Myelopathy (neurological deficit related to the spinal cord), traumatic Myelopathy, painful Myelopathy, sudden onset, Myelopathy, stepwise progressive, Myelopathy, slowly progressive, Myelopathy, infectious disease patient, Myelopathy, oncology patient. Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). As per progress notes in the Medical Records, the injured worker does not appear to have significant changes in symptoms and signs, and the treating provider notes no changes in neurological exam, and there are no red flags. Therefore, the request for repeat MRI Lumbar spine is not medically necessary and appropriate.

**Right Cock-up Wrist Splint Brace: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Guidelines recommend splinting as first-line conservative treatment for carpal tunnel syndrome. It is noted prolong splinting leads to weakness and stiffness. Patients with moderate or severe carpal tunnel syndrome have better outcomes from surgery than splinting. There is no compelling evidence presented by the treating provider that indicates this injured worker has clinical neurological deficits or any concerns for possible carpal tunnel syndrome. In this case, there is no indication as to why the brace is ordered or what it will accomplish. Therefore, the request for a wrist brace is not medically necessary.

**Left Cock-up Splint Brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Guidelines recommend splinting as first-line conservative treatment for carpal tunnel syndrome. It is noted prolong splinting leads to weakness and stiffness. Patients with moderate or severe carpal tunnel syndrome have better outcomes from surgery than splinting. There is no compelling evidence presented by the treating provider that indicates this injured worker has clinical neurological deficits or any concerns for possible carpal tunnel syndrome. In this case, there is no indication as to why the brace is ordered or what it will accomplish. Therefore, the request treatment: Left Cock-up Splint Brace is not medically necessary.