

Case Number:	CM15-0177408		
Date Assigned:	09/18/2015	Date of Injury:	05/08/2011
Decision Date:	10/20/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/09/2015

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: North Carolina

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:

The injured worker is a 46 year old female, who sustained an industrial injury on May 05, 2011. The injured worker was diagnosed as having cervical spine strain with radicular complaints, status post anterior cervical decompression fusion at cervical five to six, left elbow cubital tunnel syndrome, status post ulnar nerve transposition, left wrist carpal tunnel syndrome, status post carpal tunnel release, left ulnar finger triggering, lumbar strain with radicular symptoms, and status post posterior decompression. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the left shoulder, laboratory studies, electromyogram with nerve conduction velocity to the bilateral hands, cervical spine epidural steroid injection, lumbar spine epidural steroid injection, medication regimen, x-rays, and physical therapy. In a progress note dated July 15, 2015 the treating physician reports complaints of intermittent, "moderate" pain to the hand, wrist, left elbow, and neck stiffness to the left index finger, and sticking left hand index finger. Examination on July 15, 2015 was revealing for positive Patrick Fabere's testing, decreased range of motion to the lumbosacral spine, increased tone and tenderness to the paralumbar muscles, muscle spasms, tenderness to the mid thoraco-lumbar junction, the lumbar five and sacral one facets, the right greater sciatic notch, decreased range of motion to the left elbow, tenderness to the left lateral epicondyle, decreased range of motion to the cervical spine, and an increase in tone with tenderness to the paracervical and trapezial muscles. On July 15, 2015, the injured worker's pain level was rated a 4 to 5 out of 10. The progress note did not indicate prior acupuncture performed. On July 15, 2015, the treating physician requested a cervical x-ray to

evaluate the injured worker's symptoms and acupuncture two times four to the cervical and lumbar spine. On August 20, 2015, the Utilization Review denied the request for acupuncture two times four to the cervical and lumbar spine and a cervical x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 Cervical and Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 1) "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments; 2. Frequency: 1-3 times per week; 3. Optimum duration is 1-2 months; 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 8 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore, the request is in excess of the recommended initial treatment sessions and not medically necessary.

Cervical X-Ray: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for imaging of the cervical spine and the request is not medically necessary.