

Case Number:	CM15-0090971		
Date Assigned:	05/15/2015	Date of Injury:	07/08/2010
Decision Date:	06/23/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/11/2015

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: Chiropractor, Oriental 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 was a 56 year old female, who sustained an industrial injury, July 8, 2010. The injured worker previously received the following treatments EMG/NCS electrodiagnostic studies and nerve conduction studies of the lower extremities of the upper extremities show carpal and cubital tunnel syndromes and lower extremities lumbar radiculopathy on the right, Fenoprofen, Cyclobenzaprine, Ondansetron, Omeprazole, Eszopiclone and Tramadol. The injured worker was diagnosed with cervical radiculopathy, lumbar radiculopathy, bilateral carpal tunnel syndrome/cubital tunnel syndrome/double crush syndrome, left wrist fracture verses pseudo-fracture of the capitate, osteochondritis dessicans in the medial aspect of radial head with 5mm subchondral cysts in distal lateral humeral condyle, partial tear of supraspinatus tendon of the left shoulder and right shoulder with likely full thickness tear in the critical insertion zone of the supraspinatus tendon with superior labral tear. According to progress note of March 5, 2015, the injured workers chief complaint was constant pain in the cervical spine which was aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working above the shoulder level. The pain was characterized as sharp with radiation of pain into the upper extremities with associated numbness and tingling. The pain was rated as 8 out of 10. The bilateral wrist pain, the injured worker noted the right greater than the left. The pain was rated at 8 out of 10 aggravated by repetitive motion, gripping, grasping, pushing, pulling and lifting. The lower back pain was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing and walking multiple blocks. The pain was described as

sharp, with radiation to the lower extremities. The injured worker rated the pain at 8 out of 10. The physical exam noted tenderness of the paravertebral muscle tenderness with spasms. The positive axial loading compression test was noted. The Spurling's test was positive. The cervical range of motion was limited due to pain. The shoulder examination noted tenderness around the anterior glenohumeral region and subacromial space. Hawkin's and impingement signs were positive. The rotator cuff function appears intact about painful. There was no reproducible symptomology with internal rotation and forward flexion. The examination of the lumbar spine noted palpable paravertebral muscle tenderness with spasms. The seated nerve root test was positive. The range of motion with flexion and extension were guarded and restricted. There was tingling and numbness in the lateral thigh, anterolateral leg and foot and posterior leg and lateral foot, which correlated with the L5-S1 dermatomal pattern. The treatment plan included acupuncture for the cervical, lumbar and upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical and lumbar spine and bilateral upper extremities, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Treatments and Modalities, Behavioral: Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of constant pain in the cervical spine. The Acupuncture Medical Treatment guideline recommends acupuncture for pain. Upon reviewing the submitted records, there was no evidence of prior acupuncture care. Therefore an initial acupuncture trial is appropriate at this time. The guideline recommends 3-6 visits over 1-2 months to produce functional improvement. The provider's request for 8 acupuncture session exceeds the guidelines recommendation and therefore is inconsistent with the guidelines for an initial trial. The provider's request is not medically necessary at this time.