

Case Number:	CM13-0008599		
Date Assigned:	12/27/2013	Date of Injury:	02/03/2011
Decision Date:	03/05/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old male who reported a work related injury on 02/03/2011. The patient presents for treatment of the following diagnoses: cervical radiculopathy, bilateral shoulder tendinitis right greater than left, bilateral wrist tendinitis/bursitis, bilateral thumb pain and numbness, lumbosacral radiculopathy, history of hypertension, and history of prostate cancer with metastasis. The clinical note dated 06/26/2013 reports the patient was seen under the care of [REDACTED] for comprehensive evaluation of the patient. The provider documented upon exam of the cervical spine there were spasms and tenderness over the upper trapezius and paravertebral musculature. The provider documented negative Tinel's bilaterally at the wrists and elbow. The patient had 5/5 motor strength noted throughout with the exception of 4/5 to the right deltoid. The provider documented upon physical exam of the patient's lumbar spine motor strength was 5/5 throughout with the exception of the right ankle dorsiflexion and right ankle plantar flexion noted to be 4/5. The provider documented decreased sensation about the L5-S1 dermatome. The provider subsequently recommended multiple interventions for the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BUE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Cervical & Thoracic Spine Disorders; section on Diagnostic Investigations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The ACOEM Guidelines indicate, "When the neurologic examination is less clear, further physiologic evidence and nerve dysfunction can be obtained before ordering an imaging study." The clinical notes failed to document the patient's recent course of treatment since his date of injury was reported in 02/2011. The clinical notes submitted for review reports the patient was seen in consultation on 06/26/2013 with the provider recommending multiple interventions for the patient at this point in his treatment. Furthermore, the clinical notes failed to document if the patient has previously undergone electrodiagnostic studies and the findings from those studies. The clinical notes do not indicate the patient has recently utilized conservative treatment for his current pain complaints. Given all of the above, the request for EMG BUE is not medically necessary and appropriate.

EMG BLE:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Low Back Disorders; section on Electromyography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The ACOEM Guidelines indicate, "When the neurologic examination is less clear, further physiologic evidence and nerve dysfunction can be obtained before ordering an imaging study." The clinical notes failed to document the patient's recent course of treatment since his date of injury was reported in 02/2011. The clinical notes submitted for review reports the patient was seen in consultation on 06/26/2013 with the provider recommending multiple interventions for the patient at this point in his treatment. Furthermore, the clinical notes failed to document if the patient has previously undergone electrodiagnostic studies. The clinical notes do not indicate the patient has recently utilized conservative treatment for his current pain complaints. The provider documents the patient underwent an MRI of the lumbar spine dated from 07/2011 which revealed multilevel pathology to the lumbar spine. Documentation of recent utilization of conservative interventions was not evidenced. Given all of the above, the request for EMG BLE is not medically necessary and appropriate.

MRI Cervical without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Cervical & Thoracic Spine Disorders, section on Magnetic Resonance Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The ACOEM Guidelines indicate, "When the neurologic examination is less clear, further physiologic evidence and nerve dysfunction can be obtained before ordering an imaging study." The clinical notes failed to document the patient's recent course of treatment since his date of injury was reported in 02/2011. The clinical notes submitted for review reports the patient was seen in consultation on 06/26/2013 with the provider recommending multiple interventions for the patient at this point in his treatment. Furthermore, the clinical notes failed to document if the patient has previously undergone electrodiagnostic studies and the findings with those studies. The clinical notes do not indicate the patient has recently utilized conservative treatment for his current pain complaints. Given that the clinical notes failed to document whether or not the patient has undergone imaging of the cervical spine and the results of those imaging studies, the current request is not supported. The provider fails to document the patient having utilized recent conservative treatment for his cervical spine pain complaints. Given all of the above, the request for MRI cervical without contrast is not medically necessary and appropriate.

Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The medical records provided for review do not indicate when the patient has last utilized conservative treatments for his multiple bodily injury complaints; whether the patient has previously utilized acupuncture and the efficacy of treatment, duration, or frequency. The MTUS Acupuncture Guidelines support time to produce functional improvement of 3 to 6 treatments with acupuncture. The current request does not signify frequency or duration within the request. Given all of the above, the request for acupuncture is not medically necessary and appropriate