

Case Number:	CM13-0020021		
Date Assigned:	12/27/2013	Date of Injury:	07/18/2012
Decision Date:	03/17/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/04/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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 47-year-old female who reported an injury on 07/18/2012. The patient was reportedly injured after repeatedly reaching and pulling the steering wheel while working as a bus driver. The patient is diagnosed with cervicobrachial syndrome, impingement syndrome, De Quervain's tenosynovitis, and myofascial pain and myositis. The patient was seen by [REDACTED] on 07/18/2013. The patient reported persistent pain in the left upper extremity as well as spasm in the neck, lower back, and shoulder. The patient has previously participated in a course of physical therapy. Physical examination revealed tenderness to palpation in the lumbar region, trigger points bilaterally, diminished cervical range of motion, and diminished shoulder range of motion, decreased strength, and intact sensation to light touch. Treatment recommendations included electrodiagnostic studies of the bilateral upper extremities, a cervical pillow, acupuncture, aquatic therapy, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Bach Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities, including H-reflex tests, may be helpful to identify subtle, focal, neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient's physical examination of the cervical spine only revealed decreased range of motion. There was no documentation of sensory deficit with regard to the upper extremities. Additionally, there is no evidence of a recent failure to respond to conservative treatment prior to the request for an electrodiagnostic study. The medical necessity has not been established. As such, the request is non-certified

NCS Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities, including H-reflex tests, may be helpful to identify subtle, focal, neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient's physical examination of the cervical spine only revealed decreased range of motion. There was no documentation of sensory deficit with regard to the upper extremities. Additionally, there is no evidence of a recent failure to respond to conservative treatment prior to the request for an electrodiagnostic study. The medical necessity has not been established. As such, the request is non-certified.

Cervical pillow: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175-176. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Pillow.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state most patients with neck pain do not require bed rest. Prolonged bed rest has potentially debilitating effects, and its efficacy in treating acute neck pain is unproved. Official Disability Guidelines recommend the use of a neck support pillow while sleeping, in conjunction with daily exercise. There is no documentation of significant musculoskeletal or neurologic deficit with regard to the cervical spine. There is no documentation of instability.

There is also no evidence of this patient's active participation in a daily exercise program. Based on the clinical information received the request is non-certified.

Acupuncture initial evaluation for Cervical, Lumbar spine, and bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. As per the documentation submitted, there is no evidence of a failure to respond to more traditional conservative treatment. Additionally, there is no evidence that this patient's pain medication has been reduced or not tolerated. The request for 12 sessions of acupuncture treatment exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Acupuncture follow up sessions 2x6 for Cervical, Lumbar spine, and bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. As per the documentation submitted, there is no evidence of a failure to respond to more traditional conservative treatment. Additionally, there is no evidence that this patient's pain medication has been reduced or not tolerated. The request for 12 sessions of acupuncture treatment exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Aquatic therapy initial evaluation for Cervical, Lumbar spine, and bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. As per the documentation submitted, there is no evidence of a failure to respond to more conservative treatment. There is also no indication that this patient requires reduced weight bearing as opposed to land based physical therapy. Additionally, the request for aquatic therapy times 12 sessions exceeds guideline recommendations. As such, the request is non-certified.

Aquatic therapy follow up sessions 2x6 for Cervical, Lumbar spine, and bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. As per the documentation submitted, there is no evidence of a failure to respond to more conservative treatment. There is also no indication that this patient requires reduced weight bearing as opposed to land based physical therapy. Additionally, the request for aquatic therapy times 12 sessions exceeds guideline recommendations. As such, the request is non-certified.

Physical therapy initial evaluation for Cervical, Lumbar spine, and bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has previously participated in a course of physical therapy. However, documentation of the previous course of therapy was not provided for review. Total treatment duration and treatment efficacy is unknown. Therefore, ongoing treatment cannot be determined as medically appropriate. Additionally, the request for 12 sessions of physical therapy exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

Physical therapy follow up sessions 2x6 for Cervical, Lumbar spine, and bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has previously participated in a course of physical therapy. However, documentation of the previous course of therapy was not provided for review. Total treatment duration and treatment efficacy is unknown. Therefore, ongoing treatment cannot be determined as medically appropriate. Additionally, the request for 12 sessions of physical therapy exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.