

Case Number:	CM13-0032743		
Date Assigned:	12/06/2013	Date of Injury:	05/28/2004
Decision Date:	02/21/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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 and Rehabilitation, and is licensed to practice in Oklahoma and 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 53-year-old male who reported injury on 05/28/2004. The mechanism of injury was not provided. The patient was noted to have an examination on 09/12/2013. The patient was noted to have numbness and tingling; however, the rest of the examination was difficult to read as it was handwritten. The patient's diagnoses were difficult to read; however, per the diagnoses codes that were supplied the patient's diagnoses were noted to include sprains and strains of the neck and lumbago. The request was made for acupuncture, physical therapy, EMG/NCS of the bilateral lower extremities and bilateral upper extremities, Toprophan, and 1 solar care FIR heating system.

IMR ISSUES, DECISIONS AND RATIONALES

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

one Solar Care FIR Heating System: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Infrared Therapy.

Decision rationale: Official Disability Guidelines do not recommend infrared therapy over other heat therapies. There is a lack of legible documentation indicating the rationale and necessity for the use of the product. Given the above and the lack of documentation, the request for prospective request for 1 Solar Care FIR heating system between 09/12/2013 and 11/22/2013 is not medically necessary.

unknown prescription of Toprophan: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: A thorough search of NIH, Pubmed, Medline Plus, Drugs.com and RXlist.com failed to find the requested medication. As such, without clarification of the product, there is a lack of the ability to apply guidelines. Given the above, the prospective request for unknown prescription of Toprophan between 9/12/2013 and 11/22/2013 is not medically necessary.

one EMG/NCS of the upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-179.

Decision rationale: ACOEM states that Electromyography (EMG), and Nerve Conduction Velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review was hand written and illegible. There was a lack of documentation of a thorough objective examination. Additionally, there was a lack of documentation indicating the necessity for both tests. Given the above, and the lack of legible documentation, the request for prospective request for 1 EMG/NCS of the upper extremities between 09/12/2013 and 11/22/2013 is not medically necessary.

EMG/NCS of the lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Official Disability Guidelines does not

recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review was hand written and illegible. There was a lack of documentation of a thorough objective examination. Additionally, there was a lack of documentation indicating the necessity for both tests. Given the above and the lack of legible documentation, the request for prospective request for 1 EMG/NCS of the lower extremities between 09/12/2013 and 11/22/2013 is not medically necessary.

6 physical therapy visits for the lumbar and cervical spine: Upheld

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

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

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review was hand written and illegible. There was a lack of documentation of a thorough objective examination. Additionally, the patient's injury was noted to be in 2004, the patient should be well versed in a home exercise program. There was a lack of documentation indicating the previous conservative care that was provided for the patient and the patient's response to functional response to the conservative care. Given the above, the request for prospective request for 6 physical therapy visits for the lumbar and cervical spine between 09/12/2013 and 11/22/2013 is not medically necessary.

6 acupuncture sessions for the lumbar spine and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS guidelines recommend Acupuncture as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review was hand written and illegible. There was a lack of documentation of a thorough objective examination. The clinical documentation submitted for review failed to provide the patient's prior therapies. It failed to provide the patient's objective functional improvement with prior therapies. Given the lack of documentation and the lack of a documented legible objective physical examination, the request for prospective request for 6

acupuncture sessions for the lumbar and cervical spine between 09/12/2013 and 11/22/2013 is not medically necessary.