

Case Number:	CM13-0040320		
Date Assigned:	12/20/2013	Date of Injury:	08/31/2009
Decision Date:	02/28/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 Family Medicine 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 56-year-old female who sustained a work related injury on 08/31/2009. The patient's diagnoses include cervical and lumbar spine myofasciitis with radiculitis, rule out cervical and lumbar spine disc injury, psych, and fibromyalgia. Subjectively, the patient reported complaints of cervical and lumbar spine pain, which she rated 5/10 to 7/10. The patient also reported frequent to constant problems with anxiety, stress, and depression. Physical examination revealed tenderness to palpation, an antalgic gait, a positive axial compression test, and a positive hyperextension test. Neurologically, the patient was intact, and there was no sensory deficit. The patient's grip strength was noted to be slightly decreased on the right as opposed to the left. The patient also had decreased range of motion. The treatment plan included a recommendation of acupuncture on a trial basis to decrease pain, as well as a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCS of the lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004). Official Disability Guidelines (ODG) Low Back Chapter, Low Back Chapter, Nerve conduction studies (NCS).

Decision rationale: ACOEM Guidelines state 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 "do not recommend the use of nerve conduction studies 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 information submitted for review lacks objective documentation of neurological deficit in the bilateral lower extremities to support the use of electrodiagnostic testing. Furthermore, given that guidelines do not support the use of nerve conduction studies when radiculopathy symptoms are present, the request as a whole cannot be validated. As such, the request for 1 EMG/NCS of the lower extremity is non-certified.

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

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture guidelines state that "acupuncture is used as an option when pain medication is reduced or not tolerated, and that it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The clinical information submitted for review indicates the patient was started on pain medication, but there was no objective documentation submitted for review to indicate medication efficacy or the patient's intolerance to the prescribed pain medication. The clinical evidence does document, however, subjective reports by the patient of decreased pain with medication. Given the lack of documentation submitted for review to support the use of acupuncture, the request cannot be validated. As such, the request for 8 acupuncture sessions for the cervical spine and lumbar spine is non-certified.

1 blood test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: California MTUS indicates that the use of drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The clinical provided makes no indication that the patient is in a high risk category to support frequent drug screening. Furthermore, the preferred method of testing, per guideline recommendations, is a urine drug screen; there is no recommendation of a blood test to test for illicit drugs or medication

compliance. Given the above, the request is not supported. As such, the request for 1 blood test is non-certified.