

Case Number:	CM13-0046555		
Date Assigned:	12/27/2013	Date of Injury:	05/14/2013
Decision Date:	04/25/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/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:

Patient is a 76 year old female with a date of injury on 5/14/13. Patient has diagnoses of cervicogenic headaches, cervical spine strain, left shoulder impingement syndrome, and lumbar strain. Subjective complaints are of low back pain with radiation to bilateral legs, with continued headache, neck pain and bilateral shoulder pain. Physical exam shows cervical paraspinal muscle tenderness with decreased range of motion, and bilateral tenderness and positive impingement tests in shoulders. Lumbar spine revealed tenderness and spasm of the paravertebral muscles with decreased range of motion. Motor strength, sensation and reflexes were intact. Previous imaging shows MRI of shoulder with partial supraspinatus tear. EMG/NCS showed mild bilateral carpal tunnel syndrome. Lumbar MRI from 9/13 revealed L5-S1 foraminal protrusion, and 4mm bulge at L4-5. Patient has had acupuncture treatment, which was stated to help her symptoms, but no specific objective functional improvement was present in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI.

Decision rationale: ACOEM recommends MRI of lumbar spine when cauda equina, tumor, infection, or fractures are strongly suspected or if patient has had prior back surgery. The ODG recommends MRI exam for uncomplicated low back pain with radiculopathy, after at least 1 month conservative therapy, or sooner if severe or progressive neurologic deficit. Also if there is suspicion for cancer, infection, or other "red flags". This patient did not show signs/symptoms suggestive of tumor, infection, fracture, or progressive neurologic deficit. Furthermore, the patient had previous MRI in 9/13, and rationale for another MRI was not documented. Therefore, for the above reasons, the request for a Lumbar MRI is not medically necessary.

ACUPUNCTURE THREE TIMES A WEEK FOR FOUR WEEKS FOR THE NECK AND SHOULDERS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA acupuncture guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, or may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Duration and frequency of acupuncture is 3-6 treatments to produce functional improvement, with extension of treatment is functional improvement is documented, with "functional improvement" meaning a significant increase in daily activities or reduction in work restrictions, as determined by subjective and objective findings. For this patient, previous acupuncture had been performed, and improvements meeting the above criteria were not evident. Therefore, the medical necessity for extension of acupuncture treatment is not established.

EMG OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMG.

Decision rationale: CA MTUS suggests that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG recommends that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. For this patient, ongoing conservative measures are not identified and the patient did not have any objective findings on exam that demonstrated focal neurologic dysfunction. Therefore, the request for a bilateral lower extremity EMG is not medically necessary.

NCS OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, NCS.

Decision rationale: The ODG does not recommend NCS due to minimal justification for performing NCS when a patient is presumed to have symptoms of radiculopathy. This patient has low back pain without objective signs of radiculopathy. Therefore, the request for a nerve conduction study is not medically necessary.