

Case Number:	CM13-0060414		
Date Assigned:	07/02/2014	Date of Injury:	10/23/2009
Decision Date:	07/31/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	12/03/2013

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 Pain Medicine and Rehabilitation 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 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:

This is a 58-year-old female with a date of injury of 12/23/09. The mechanism of injury is cumulative trauma. She developed pain affecting the right upper extremity from the neck down to the wrist/hand. She underwent conservative care, including PT, medications, injections and modified activity. She has also had acupuncture. She reports benefit with rest, exercise and acupuncture. She was referred for EMG/NCS and a study was done on 1/07/10, which was normal. On 3/04/10 cervical MRI showed mild degenerative spondylosis and mild bilateral foraminal stenosis. On 9/02/11, the patient had a normal left upper extremity EMG/NCS. On 9/04/12, the patient had bilateral NCS, and this was once again, normal. The patient presented for chiropractic treatment on 6/27/13 for an exacerbation of cervical and right shoulder complaints and chiropractic care was done. By 10/10/13, the patient was noted to have 3/10 pain. Request was made for repeat electrodiagnostics and more acupuncture. This was submitted to Utilization Review with a decision rendered on 10/21/13. At the time, there was no current documentation from the requesting provider to justify repeat EMG/NCS, and it was not recommended. Acupuncture was also denied, as the number of sessions and response was not documented in the submitted medical records. The chiropractor later states in reports subsequent to the adverse utilization review, that he is unaware of the prior functional response to acupuncture, but as the patient says it was beneficial and that she does not want to take medications, that it is reasonable to continue.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, Electrodiagnostic studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Guidelines support EMG/NCS in patients with persistent neuropathic symptoms lasting more than 4 weeks. The EMG is helpful for radiculopathy, and NCS for peripheral entrapment. Both aren't necessarily needed together, but can be done when there is a differential in question. In this case, the patient has already had electrodiagnostics done 3 times in the recent past, each time with normal results. There are no new or progressive neurologic symptoms that support the notion that a clinically significant change has happened that would warrant yet another repeat study. Certainly, a repeat study may be reasonable, should the first study be inconclusive or normal, yet clinical symptoms are highly suggestive of a neuropathic process. In this case 2 repeat studies have already been done. There is no clear medical necessity for EMG/NCV.

Six Sessions Of Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Guidelines support a trial of acupuncture, with a trial defined as 3-6 sessions. For extension beyond a trial, guidelines require documented evidence of clinically significant objective and functional benefit/progression. Submitted medical records suggest that the patient has had quite a bit of acupuncture to date, due to multiple mentions of this treatment over a span of time. That said, submitted reports do not reveal the number of sessions to date, and more importantly, do not discuss clinically significant objective and functional benefit/progression. Subjective report of prior benefit does not meet guideline criteria. The request is not medically necessary.