

Case Number:	CM13-0069524		
Date Assigned:	01/03/2014	Date of Injury:	01/05/2013
Decision Date:	03/24/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 Anesthrsiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 36-year-old female with a 1/5/13 date of injury. At the time of request for authorization for Acupuncture 2 x 4 weeks left shoulder, left elbow, and left wrist; and EMG/NCV of the bilateral upper extremities, there is documentation of subjective (neck pain radiating to the bilateral upper extremities, upper; and low back pain radiating to the bilateral lower extremities into the toes with numbness and tingling) and objective (tenderness to palpation over cervical paraspinals, left shoulder AC joint, and lumbar spine; restricted left shoulder range of motion; positive Tinel's sign over the left wrist; and positive straight leg raise bilaterally) findings, current diagnoses (left shoulder sprain/strain, left wrist sprain/strain, and left elbow epicondylitis), and treatment to date (acupuncture treatment and medications). 11/22/13 report identifies a request for authorization to resume acupuncture; MRI of the cervical spine; and EMG/NCV of the bilateral upper extremities to rule out radiculopathy. Regarding Acupuncture 2 x 4 weeks left shoulder, left elbow, and left wrist, there is no documentation of the number of previous acupuncture treatment and objective functional improvement with previous treatment. Regarding EMG/NCV of the bilateral upper extremities, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment, failure of additional conservative treatment (acupuncture treatment) and that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 weeks left shoulder, left elbow, and left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months; that acupuncture treatments may be extended for up to 24 visits if functional improvement is documented. Within the medical information available for review, there is documentation of diagnoses of left shoulder sprain/strain, left wrist sprain/strain, and left elbow epicondylitis. In addition, there is documentation of previous acupuncture treatments. However, there is no documentation of the number of previous acupuncture treatments and objective functional improvement with previous treatment. Therefore, based on guidelines and a review of the evidence, the request for Acupuncture 2 x 4 weeks left shoulder, left elbow, and left wrist is not medically necessary.

EMG/NCV of the bilateral upper extremities: 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 10 Elbow Disorders (Revised 2007) Page(s): 177, 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electrodiagnostic studies (EDS)

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. ODG identifies that EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses of left shoulder sprain/strain, left wrist sprain/strain, and left elbow epicondylitis. In addition, there is documentation of subjective findings (neck pain radiating to the bilateral upper extremities) and conservative treatment (medications). However, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment. In addition, given documentation of the associated request for acupuncture, there is no documentation of failure of additional conservative treatment (acupuncture treatment). Furthermore, given documentation of a subsequent request for a cervical MRI at the time of the requested EMG/NCV, there is no documentation that the etiology of the radicular symptoms is not explained by MRI or other

diagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for EMG/NCV of the bilateral upper extremities is not medically necessary.