

Case Number:	CM14-0103101		
Date Assigned:	07/30/2014	Date of Injury:	10/25/2011
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The injured worker is a 46 year-old female who was reportedly injured on 10/25/2011. The mechanism of injury is noted as a work related injury. The most recent progress note dated 6/17/2014. Indicates that there are ongoing complaints of low back pain that radiates into the left lower extremity, right shoulder pain which radiates down to the right upper extremity. The physical examination demonstrated lumbar spine: range of motion is limited. Cervical spine was within normal limits. Neurologic: bilateral lower knees ankle are hyper reflexive at but symmetrical. Decreased sensation in the anterior and medial aspect of the left foot compared to the right. Upper extremities revealed decreased sensation in the C6-C7 distribution on the right compared to left. Feet: positive pain on the plantar fascia on the left. Ankle: left ankle revealed pain in the anterior/lateral aspect of the ankle joint. No reason diagnostic studies are available for review. Previous treatment includes cervical epidural steroid injections, acupuncture, physical therapy, and medications. A request had been made for acupuncture #12, electromyogram of bilateral upper and lower extremities, left ankle brace with back support, and was not certified in the pre-authorization process on 6/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: California Medical Treatment Utilization Schedule guidelines states, "The use of acupuncture in certain clinical and when the clinical data indicates that an appropriate course of conservative treatment has been implemented and that the acupuncture will be used in conjunction with an evidence-based functional restoration program." There was a lack of documentation that an evidence-based functional restoration program was ongoing, and there was insufficient clinical data provided to support a trial of acupuncture. Therefore, this request is not considered medically necessary.

EMG of bilater upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8 - 8 page 182. Decision based on Non-MTUS Citation ACOEM , Second Edition, Chapter 12 page 303; eletromyography (EMG).

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

Decision rationale: The referenced guidelines recommend, "Electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a computed tomography or magnetic resonance image (MRI) is equivocal and/or there are ongoing lower extremity symptoms." After reviewing the medical records provided it is noted the injured worker has subjective complaints of radiculopathy in both the upper and lower extremities. The physical exam documented reports of radiculopathy in the C6-C7 distribution on the right, and decreased sensation in the anterior and medial aspect of the left foot. After reviewing the guidelines it states, "EMG is not recommended for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent." It is noted the injured worker has previously had an MRI of the cervical spine as well as lumbar spine. As mentioned the MRI of the lumbar spine as well as the cervical spine correlate with the physical exam findings. Therefore this request is deemed not medically necessary.

Left ankle brace with back support: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC; Ankle & Foot Procedure Summary last updatd 03/26/2014; Orthotic Devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot (acute and chronic) Ankle Bracing. Updated 7/29/2014.

Decision rationale: According to Official Disability Guidelines ankle bracing is not recommended in the absence of a clearly unstable joint. Therefore this request is deemed not medically necessary.