

Case Number:	CM14-0113100		
Date Assigned:	08/01/2014	Date of Injury:	03/19/2012
Decision Date:	09/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Virginia. 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 patient is a 55 year old female who sustained an industrial injury on 3/19/2012. According to the 6/12/2014 progress report, the patient presents for follow-up evaluation regarding complaints of neck pain, right shoulder and wrist pain, upper back pain, and low back pain. She reports her pain level has gone up and she is trying to keep up with her exercise which she was having difficulty completing due to her increasing pain. Past medical history is significant for pre-diabetes, hearing loss, memory and sleep issues. Exercise is daily walking and she is independent with ADLs. Her ROS is negative. A physical examination documents 8/10 pain, stable normal gait and posture, tenderness to palpation over bilateral cervical paraspinals, right shoulder joint, bilateral thoracic paraspinals, and bilateral lumbar paraspinals, with no instability. She demonstrated very minimal cervical and lumbar ROM in all planes, normal ROM of upper extremities, 5/5 left and 3/5 strength of right upper extremity, tenderness over right shoulder, 1+ reflexes, decreased sensation over C5-6 and C6-7. Her normal ROM of lower extremities are 5/5 motor strength, intact sensation, and 2+ and symmetrical reflexes in bilateral lower extremities with positive Spurling's, cervical facet loading and Tinel's, and negative SLR, clonus, and Phalens. Her Diagnoses are cervicgia, chronic headaches, related to neck and arm pain, cervical radiculitis, right shoulder pain, lumbago, and carpal tunnel syndrome, right. Treatment recommendations included medications (she is not interested in new medications), PT 2x6 for cervical spine, EMG/NCS of bilateral upper extremities, and implantation of percutaneous peripheral neurostimulator - temporarily placing 3 units over 30 days. Her work status is continuing working with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 Weeks, Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 148, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The CA MTUS states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less. The medical records do not establish the reveal clinically significant functional deficits with evidence of re-injury, exacerbation/flare-up on examination as to support the medical necessity for the requested physical therapy. The patient is more than 2 years postdate of injury. At this juncture, she should be very well versed in a home exercise program which she should utilize on a regular basis to address her chronic complaints and maintain or improve functional levels and pain. In addition, the patient's response to prior courses of PT has not been detailed. The medical necessity of the request has not been established. The request is not medically necessary.

EMG, Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 78.

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

Decision rationale: The guidelines state unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. According to the guidelines, electrodiagnostic studies are not recommended when radiculopathy is clinically obvious. The medical records do not establish clinical findings to suggest focal neurological deficit or neurocompressive lesion. The documented objective finding of +3/5 motor strength of the entire right upper extremity and symmetrical reflexes do not support the request in this patient with a chronic pain complaint. It is not clear, the purpose of an EMG study. The medical necessity of this request has not been established. The request is not medically necessary.

NCV 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 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck; Electromyography, (EMG) Nerve conduction studies (NCS).

Decision rationale: ACOEM and ODG guidelines state when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The medical records do not establish clinical findings to suggest focal neurological deficit or neurocompressive lesion. The documented objective finding of +3/5 motor strength of the entire right upper extremity and symmetrical reflexes do not support the request in this patient with a chronic pain complaint. It is not clear, the purpose of a Nerve Conduction study. The medical necessity of this request has not been established. The request is not medically necessary.

P-Stim Device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - P-Stim.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS); Percutaneous neuromodulation therapy (PNT) Page(s): 97-98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, P-Stim (pulse stimulation treatment) see Auricular electroacupuncture.

Decision rationale: According to the CA MTUS and ODG guidelines, percutaneous neuromodulation therapy is not recommended. Percutaneous neuromodulation therapy (PNT) is considered investigational. Percutaneous neuromodulation therapy is a variant of PENS in which up to 10 fine filament electrodes are temporarily placed at specific anatomical landmarks in the back. Percutaneous electrical nerve stimulation (PENS) is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. Also, the Official Disability Guidelines state that P-stim devices are not recommended. The evidence is insufficient to evaluate the effect of auricular electroacupuncture on acute and chronic pain. In the only published RCT, use of the P-Stim device was not associated with improved pain management. The medical records do not provide a valid clinical rationale for a treatment modality that is not recommended under the evidence based guidelines, due to lack of efficacy as treatment for chronic pain. The request is not medically necessary.