

Case Number:	CM14-0144576		
Date Assigned:	10/14/2014	Date of Injury:	06/30/2014
Decision Date:	12/12/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/05/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 45 year old male who sustained a work place injury from 09/23/1992 to 06/30/2014. He had cervical spine, bilateral shoulder and bilateral upper extremity pain due to cumulative injury. X-rays and MRI of the cervical spine and bilateral shoulders were taken without evidence of fractures. The clinical note from 07/10/14 was reviewed. He had neck, back, right shoulder, right hand, lower back, right lower extremity pain, loss of sleep and numbness on right side of his body. He had decreased range of motion of back with positive straight leg raising test. The clinical note from 07/31/14 was reviewed. Subjective complaints included pain in right half of body, numbness, 6-7/10, neck pain radiating to right upper extremity, right hand pain, low back pain radiating to right leg/foot, rated at 8/10 and the symptoms were worsened by activities and better with rest. Cervical spine range of motion was decreased with tenderness to palpation over spinous processes and paraspinal muscles. The plan of care was for Pain Management referral, acupuncture 1-2 for four weeks, shock wave therapy to the cervical spine and MRIs. Diagnoses included sprain and strain of the cervical spine, lumbar spine strain/sprain, and thoracic sprain/strain. Another report from 08/12/14 was also reviewed. It was for purchase of home TENS, to be used for at least one hour a day or as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight acupuncture visits, twice a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines of the MTUS recommends a trial of 3-6 visits with follow-up if documentation shows functional improvement to justify further treatment. The request for 8 initial visits is greater than the recommended 6 initial sessions. Hence, the request for 8 acupuncture sessions is not medically necessary or appropriate.

Six sessions of shock wave therapy for the cervical spine: 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), Low Back Chapter, Shock Wave Therapy and the Shoulder Chapter, Extracorporeal Shock Wave Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Shock Wave Therapy

Decision rationale: The shock wave therapy is not recommended according to ODG Upper back chapter. It is recommended for chronic plantar fasciitis. Otherwise, there is no recommendation to use this therapy for cervical disorders. The request for shock wave therapy is not medically necessary or appropriate.

NCV/EMG of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, EMG and NCS sections

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 and Upper Back, Electrodiagnostic Studies

Decision rationale: Guidelines recognize the potential value of electrodiagnostic testing in cases with evidence of neurologic dysfunction where 4-6 weeks of conservative therapy have not resulted in improvement. ACOEM guidelines recommend electrodiagnostic studies to evaluate non-specific hand, wrist or forearm complaints for patients with paresthesias or other neurologic symptoms. Official Disability Guidelines recommend EMG/NCV for patients with double crush phenomenon, in particular, when there is evidence of diabetic neuropathy, metabolic neuropathy due to thyroid disease or compressive neuropathy due to carpal tunnel syndrome. The employee was about a month from the date of injury with numbness in right half of body. There were no signs to suggest carpal tunnel syndrome or other compressive neuropathy. Hence the request for EMG/NCV of the upper extremities is not medically necessary or appropriate.

NCV/EMG of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 16 Eye Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, EMG and NCS sections

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 Complaints, Electrodiagnostic Studies

Decision rationale: According to Official Disability Guidelines, NCS is not recommended for radiculopathy. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. The employee's available medical records had no lower extremity sensory or motor examination. The employee had some symptoms of unilateral numbness without failure of conservative measures. Hence the request for EMG and NCS of lower extremities is not medically necessary or appropriate.

MRI of the cervical spine: Upheld

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

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

Decision rationale: ACOEM Guidelines support imaging of lumbar and cervical spine for red flag diagnoses or when there are unequivocal objective findings that identify specific nerve compromise on neurologic examination and do not respond to treatment. The employee had pain in neck and lower back radiating to right upper extremity and right lower extremity. Apart from decreased range of motion, no other significant motor sensory abnormality was seen. Hence the request for cervical spine MRI is not medically necessary or appropriate.

MRI of the lumbar spine: 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, 309.

Decision rationale: ACOEM Guidelines support imaging of lumbar and cervical spine for red flag diagnoses or when there are unequivocal objective findings that identify specific nerve compromise on neurologic examination and do not respond to treatment. The employee had pain

in neck and lower back radiating to right upper extremity and right lower extremity. Apart from decreased range of motion, no other significant motor sensory abnormality was seen and he had not failed conservative care. Hence the request for lumbar spine MRI is not medically necessary or appropriate.

Pain management initial evaluation and treatment recommendations: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations regarding Referrals

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, Introduction

Decision rationale: According to ACOEM Guidelines, the occupational health physician may refer a patient to other specialists for assessment if a diagnosis is uncertain or complex, if psychosocial factors are present or if the plan of course of care may benefit from additional expertise. The employee was just a month from date of injury with lumbar sprain/strain, cervical and thoracic sprain/strain. He had not failed conservative therapy and had no red flag symptoms. Hence the request for pain management is not medically necessary or appropriate.

Neurologist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations regarding Referrals

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, Introduction

Decision rationale: According to ACOEM guidelines, the occupational health physician may refer a patient to other specialists for assessment if a diagnosis is uncertain or complex, if psychosocial factors are present or if the plan of course of care may benefit from additional expertise. The employee was just a month from date of injury with lumbar sprain/strain, cervical and thoracic sprain/strain. He had not failed conservative therapy and had no red flag symptoms. Hence the request for neurology referral is not medically necessary or appropriate.

One month rental of a H-wave unit for home use: 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 Chapter, H-Wave Stimulation (HWT) section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117.

Decision rationale: According to Chronic Pain Medical Treatment guidelines, one month trial of H wave stimulation is recommended for diabetic neuropathy and chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration, and only following a failure of initially recommended conservative care, including recommended physical therapy and medications, plus TENS. The employee had not failed conservative care and had not used TENS. Hence the request for one month trial of H wave therapy is not medically necessary or appropriate.