

Case Number:	CM14-0151563		
Date Assigned:	09/19/2014	Date of Injury:	01/22/2014
Decision Date:	10/22/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/17/2014

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 Neuromuscular 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 patient is a 68 year old female with a work injury dated 1/22/14. The diagnoses include cervical sprain carpal tunnel syndrome; lumbar radiculopathy Under consideration is a request for acupuncture 3 times a week for 4 weeks to the neck, wrist, and lumbar; EMG bilateral upper extremities; EMG bilateral lower extremities; NCV bilateral upper extremities; NCV bilateral lower extremities. There is a primary treating physician report dated 7/31/14 that states that the patient presents with complaints of constant neck pain which is felt 80 percent of the time. Her pain travels to her shoulders and upper back. She has frequent headaches, which she associates with her neck pain. She has stiffness in the neck and her pain is aggravated when she tilts her head up and down or moves her head from side to side. Her pain increases with prolonged sitting and standing. The patient also has complaints of constant wrist/hand pain, and is felt 80 percent of the time. She has episodes of swelling, numbness, and tingling in her fingers. She has cramping and weakness in her hand. Her pain increases with gripping, grasping, flexing/ extending, rotating, and repetitive hand and finger movements. The patient also has complaints of frequent back pain and is felt 90 percent of the time. On examination there is spasm present in the cervical and lumbar paraspinal muscles. There is tenderness to palpation of the cervical and lumbar paraspinal muscles. There is reduced sensation in the bilateral hands. The above exam revealed full bilateral upper extremity strength, and reflexes. There is a positive bilateral Tinel's sign. There is a bilateral positive Tinel sign. There is a positive bilateral straight leg raise. The treatment plan includes a request for acupuncture and EMG/NCV of the bilateral upper and lower extremities. MRI of the cervical spine dated April 22, 2014 with nonspecific straightening of the cervical lordosis with diffuse spondylotic changes. There is evidence of posterior annular tear noted at C3-4 and CS-6. There is mild to moderate left neural foraminal narrowing at C3-4.

No frank herniation is noted, however. MRI of the lumbar spine dated April 25, 2014 with posterior annular tear at L4-5 and L5-S1 with associated disc protrusions and bilateral exiting nerve root compromise seen at those levels. Spondylosis changes are noted diffusely as well. A 7/31/14 primary treating physician report states that the patient has complaints of constant wrist/hand pain, and is felt 80 percent of the time. She has episodes of swelling, numbness, and tingling in her fingers. She has cramping and weakness in her hand. Her pain increases with gripping, grasping, flexing/ extending, rotating, and repetitive hand and finger movements. The patient also has complaints of frequent back pain and is felt 90 percent of the time. Her pain radiates down to the hips and legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 X a week for 4 weeks to the neck, wrist, and lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture 3X a week for 4 weeks to the neck, wrist, and lumbar is not medically necessary per the MTUS Guidelines. The guidelines state that acupuncture is 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. The time to produce functional improvement: 3 to 6 treatments 1 to 3 times per week for 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20. The request exceeds the recommended trial period for acupuncture which is 3-6 treatments. The documentation is not clear on whether that the patient is participating in an adjunct program of physical rehabilitation. The request for acupuncture 3x a week for 4 weeks to the neck, wrist, and lumbar is not medically necessary.

EMG bilateral upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: EMG bilateral upper extremities is medically necessary per the MTUS Guidelines. The ACOEM states that when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Additionally 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 documentation indicates that the

patient has numbness/tingling in her bilateral upper extremities. The request for EMG of the bilateral upper extremities is medically necessary.

EMG bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Nerve conduction studies (NCS); EMGs (electromyography)

Decision rationale: EMG bilateral lower extremities are not medically necessary per the MTUS ACOEM and the ODG guidelines. The ACOEM MTUS guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The ODG states that EMG's are not necessary if radiculopathy is already clinically obvious. The documentation indicates that the patient's history and physical are radicular in nature. The request therefore for EMG of the lower extremities is not medically necessary.

NCV bilateral upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: NCV bilateral upper extremities are medically necessary per the MTUS Guidelines. The ACOEM states that when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Additionally 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 H reflex testing is considered part of the nerve conduction study. The documentation indicates that the patient has numbness/tingling in her bilateral upper extremities. The request for NCV bilateral upper extremities is medically necessary.

NCV bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Nerve conduction studies (NCS); EMGs (electromyography)

Decision rationale: NCV of the bilateral lower extremities is not medically necessary per the MTUS ACOEM and the ODG guidelines. The ACOEM MTUS guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The ODG states that EMG's are not necessary if radiculopathy is already clinically obvious. The documentation indicates that the patient's history and physical are radicular in nature. The request therefore for NCV of the bilateral lower extremities is not medically necessary.