

Case Number:	CM14-0025577		
Date Assigned:	06/13/2014	Date of Injury:	09/11/2012
Decision Date:	07/15/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/28/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 51-year-old female who sustained injuries to the lower back on 09/11/12 when an acoustic ceiling tile fell from the ceiling and hit her in the head. The injured worker noticed an immediate pain in the right side of her neck, shoulder and on the left side of the low back. Treatment to date has included epidural steroid injections, medications, modified duty, home exercise program and an unspecified amount of physical therapy visits. Physical examination noted the following: tenderness to palpation with hypersensitivity over the bilateral paravertebral muscles and upper trapezius muscles; several trigger points palpated in the levator scapulae; Spurling's maneuver produced complaints of increased neck pain without radicular component; flexion 39, extension 41, right rotation 63, left rotation 65, right side bending 32 and left side bending 30; sensation intact. The patient was diagnosed with cervical spine sprain with bilateral upper extremity radiculitis and multilevel spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture x 12 is not medically necessary. It was reported that the injured worker has been treated with an unspecified amount of physical therapy visits. The California Medical Treatment Utilization Schedule 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. There was no indication that the injured worker is currently in physical therapy or has been actively participating in a home exercise program. Given the clinical documentation submitted for review, medical necessity of the request for Acupuncture x 12 has not been established.

PHYSICAL THERAPY SESSIONS X12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The request for physical therapy sessions x 12 is not medically necessary. The physical therapy notes provided do not indicate the approximate amount of physical therapy visits that the injured worker has completed to date. There was no mention that a surgical intervention was anticipated. The Official Disability Guidelines (ODG) recommends up to 10 visits over 8 weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. There is no additional significant objective clinical information that supports the need to exceed the Official Disability Guidelines (ODG) recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for physical therapy sessions x 12 has not been established.

NCV (NERVE CONDUCTION VELOCITY TEST) FOR BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

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 chapter, Nerve conduction studies (NCS).

Decision rationale: The ODG states that a nerve conduction study is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Given the clinical documentation submitted for review, medical necessity of the request for a NCV(Nerve Conduction Velocity) Test of the upper bilateral extremities has not been established.

PURCHASE OF A ELECTRICAL MUSCLE STIMULATION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The request for purchase of an Electrical Muscle Stimulation Unit is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines states that while Transcutaneous Electrical Nerve Stimulation (TENS) may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of TENS have found that evidence is lacking concerning effectiveness. Given the clinical documentation submitted for review, medical necessity of the request for purchase of a electrical muscle stimulation unit has not been established.

EMG (ELECTROMYOGRAPHY) TEST OF THE UPPER BILATERAL EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

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 Chapter, Electromyography (EMG).

Decision rationale: The request for Electromyography(EMG) test of the upper bilateral extremities is not medically necessary. The ODG states that EMG findings may not be predictive of surgical outcome in cervical surgery and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. The ODG also states that nerve conduction study is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Given the clinical documentation submitted for review, medical necessity of the request for EMG (electromyography) test of the upper bilateral extremities has not been established.