MAXIMUS Federal Services

Case Number:	CM14-0027756		
Date Assigned:	06/18/2014	Date of Injury:	12/31/2008
Decision Date:	07/29/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 51-year-old woman who sustained a work-related injury on December 31, 2008. She subsequently developed with a chronic neck pain. According to the progress note dated on January 15, 2014, the patient complains of persistent pain in the neck radiating to the right upper extremity with numbness and tingling. She also had low back pain aggravated with the usual activities. Her physical examination showed tenderness in the cervical spine, both shoulders, and the lumbar spine. The patient had dysesthesia at L5 with a positive seated nerve root test. The patient had weakness of the right shoulder rotator cuff. The patient was diagnosed with cervical discopathy with radiculitis as well as possible bilateral shoulder impingement or rotator cuff pathology and lumbar discopathy. The provider requested authorization for the following.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to MTUS guidelines, MRI of the cervical spine is recommended in case of red flags suggesting cervical spine damage such as tumor, infection, cervical root damage and fracture. The current medical records do not document such neurological findings. Moreover, the patient previously underwent imaging and the records do not provide a rationale as to why a repeat cervical MRI would be indicated. Therefore the request for MRI of the cervical spine is not medically necessary.

AN 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.

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The patient does not have any clear neurological evidence of lumbar radiculopathy or nerve root compromise. There is no change of the clinical examination that suggests a radiculopathy. There is no change in the patient signs or symptoms suggestive of new pathology. The patient was already approved for an EMG/NCV which could clarify the clinical picture and give more support to perform an MRI. Therefore, the request for MRI of the lumbar spine is not medically necessary.

EMG/NCV OF THE UPPER EXTREMITIES: 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, Chapter 12 Low Back Complaints Page(s): 178, 303.

Decision rationale: According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, 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 patient developed chronic neck pain without recent evidence of radicular pain and no recent clear justification for the need of nerve conduction study of both upper extremities. There is no clear

evidence of cervical root pathology or nerve damage. Therefore, the request for EMG/NCV of the upper extremities is not medically necessary.

CHIROPRACTIC TREATMENT; SIX VISITS ONE TIME A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: According to MTUS guidelines, manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. According to the patient file, there was no evidence of functional improvement with past chiropractic treatment. There is no additional information to support this request for additional chiropractic sessions. Therefore, the request for Chiropractic Treatment is not medically necessary.

ACUPUNCTURE SIX VISITS ONE WEEKLY FOR SIX WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, acupuncture is considered in knee, back, ankle, and upper extremities complaints. 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 current medical records discuss past acupuncture treatment, but do not indicate that the patient experienced functional improvement. A supplemental AME report dated on January 16, 2013 documented minimal and only transitory benefit from acupuncture. There is no additional information to support this request. Therefore, Acupuncture is not medically necessary.