

Case Number:	CM14-0029359		
Date Assigned:	06/20/2014	Date of Injury:	10/04/2013
Decision Date:	07/30/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/07/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 42-year-old female who reported an injury on 10/04/2013. The mechanism of injury was not specifically stated. Current diagnoses include contusion of the head and neck sprain. The injured worker was evaluated on 11/22/2013. The injured worker reported persistent pain with activity limitation. Physical examination revealed trapezius tenderness, paracervical tenderness, abnormal lordosis, stiffness, restricted range of motion, normal posture, negative weakness, and intact sensation. Treatment recommendations at that time included an orthopedic consultation, prescriptions for ibuprofen 800 mg, and continuation of physical therapy 3 times per week for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment two times per 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: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes

3 to 6 treatments. The current request for 8 sessions of acupuncture treatment exceeds guideline recommendations. There is also no specific body part listed in the current request. As such, the request is non-certified.

MRI of 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), Indications for Imaging- MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test. As per the documentation submitted, the injured worker does report persistent pain in the cervical spine. The injured worker's physical examination does reveal tenderness to palpation with restricted range of motion and stiffness; however, there is no evidence of weakness or sensory changes. There is also no mention of an attempt at conservative treatment prior to the request for an imaging study. Based on the clinical information received, the request is non-certified.

Electromyogram (EMG) of the Upper Extremities: 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), Neck and Upper Back Chapter, Electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There is no evidence of sensory changes or weakness with regard to the cervical spine or the bilateral upper extremities. There was also no mention of an exhaustion of conservative treatment prior to the request for an electrodiagnostic study. As the medical necessity has not been established, the request is non-certified.

Nerve Conduction Velocity (NCV) study of the Upper Extremities: 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), Neck and Upper Back Chapter, Electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There is no evidence of sensory changes or weakness with regard to the cervical spine or the bilateral upper extremities. There was also no mention of an exhaustion of conservative treatment prior to the request for an electrodiagnostic study. As the medical necessity has not been established, the request is non-certified.

Pain Management Evaluation: 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), Evaluation and Management (E&M).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There is no documentation of a significant musculoskeletal or neurological deficit. There is no indication that this injured worker has exhausted conservative treatment prior to the request for a specialty consultation. As the medical necessity has not been established, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Neurological Evaluation: 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), Evaluation and Management (E&M).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There is no documentation of a significant musculoskeletal or neurological deficit. There is no indication that this injured worker has exhausted conservative treatment prior to the request for a specialty consultation. As the medical necessity has not been established, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Orthopedic Evaluation 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), Evaluation and Management (E&M).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There is no documentation of a significant musculoskeletal or neurological deficit. There is no indication that this injured worker has exhausted conservative treatment prior to the request for a specialty consultation. There were no imaging studies provided for review. As the medical necessity has not been established, the current request cannot be determined as medically appropriate. As such, the request is non-certified.