

Case Number:	CM14-0034536		
Date Assigned:	06/20/2014	Date of Injury:	04/18/2013
Decision Date:	07/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/19/2014

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 Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 54 year-old with a date of injury of 4/18/13. A progress report associated with the request for services, dated 02/13/14, identified subjective complaints of neck, right shoulder, and low back pain. No radiation of the pain is noted. Objective findings included tenderness to palpation as well as decreased range-of-motion of the cervical and lumbar spines and right shoulder. Motor function and reflexes were normal in the extremities. An MRI of the lumbar spine and right shoulder revealed arthritis, but no acute changes. Diagnoses included right shoulder derangement, and cervical and lumbar radiculopathy. Treatment included physical therapy soon after the injury. He was on no medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: The ACOEM guidelines state that when the neurologic examination is less clear for radiculopathy that electromyography (EMG) may help identify subtle focal neurologic dysfunction in patients with neck and arm symptoms lasting more than three to four weeks. Conversely, EMG is not recommended for diagnosis of nerve root involvement if the findings in the history, physical exam, and imaging studies are consistent. In this case, the record does not document subjective or objective signs of a cervical radiculopathy. As such, the request is not medically necessary.

NCS bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The ACOEM guidelines state that when the neurologic examination is less clear for radiculopathy that nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck and arm symptoms lasting more than three to four weeks. In those cases, they are recommended before imaging studies. In this case, the record does not document subjective or objective signs of a cervical radiculopathy. As such, the request is not medically necessary.

Acupuncture 3 x4 for the cervical spine and right shoulder only: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture is used as an option when pain medication is reduced or not tolerated, or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It further states that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range-of-motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3-6 treatments at the frequency of 1-3 times a week over the course of 1-2 months. With functional improvement, more treatments may be recommended. The request is for 12 sessions of acupuncture, which exceeds the 3-6 treatment window to produce functional improvement. As such, the request is not medically necessary.