

Case Number:	CM14-0042491		
Date Assigned:	08/13/2014	Date of Injury:	06/24/2013
Decision Date:	09/11/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/08/2014

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, and is licensed to practice in California. 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 46 year old right-hand dominant male who sustained industrial-related injuries on June 24, 2013. As per medicals, the injured worker underwent extracorporeal shockwave therapy from October 10, 2013 to November 14, 2013 with 6 sessions, which he tolerated well and noted some pain improvement. From October 15, 2013 to February 21, 2014 he underwent a total of 25 chiropractic/physical therapy sessions directed to the lumbar spine; however, assessment indicated that symptoms were unchanged to slight improvements. He underwent 6 sessions of acupuncture from October 10, 2013 to February 17, 2014. He underwent nerve conduction velocity of the bilateral upper extremities on August 22, 2013 which revealed normal findings. As per Doctor's First Report of Occupational Injury or Illness dated March 6, 2014, he presented with complaints of intermittent neck pain that radiates to the right side, right trapezius, and upper scapula with numbness and tingling sensation at times. He also noted that he had random shocks in his right hand. Pain was increased with repetitive or rapid movements and prolonged positions as well as difficulty sleeping due to neck pain. With regard to his low back, he complained of constant pain that varied in intensity. Pain radiates to the right buttocks to the level of the foot. Pain was increased with prolonged positions, repetitive movements, bending or raising the leg causes cramps in the right leg, prolonged walking, prolonged sitting, standing, lifting or carrying. Weakness was noted in the right leg. Pain would awaken him at night. He is noted to be hypertensive and morbidly obese. Objectively, he has tenderness over the right upper trapezius and right levator scapulae. Deep tendon reflexes were 1+ on the biceps, triceps, and brachioradialis. Muscle weakness was 4/5 on the right wrist flexors and extensors. Lumbar spine examination revealed tenderness over the midline lumbosacral and right posterior superior iliac spine. Bilateral hamstring tightness was noted. Deep tendon reflexes were 1+ on the patellar and Achilles tendons. X-rays of the cervical spine noted calcifications at the anterior C2-3, C4-6, and

C5-6 while lumbar X-rays revealed multi-level degenerative changes starting at L1 down to S1. Large osteophytes were seen from L3 through S1. Facet hypertrophy was noted from L4-S1. He was diagnosed with cervical spine chronic sprain and strain with degenerative changes, cervical radiculopathy, right sided, lumbar spine 5-millimeter disc herniations at L4-5 and L5-S1 stenosis per magnetic resonance imaging (MRI) scan dated July 15, 2013, and lumbar spine radiculopathy, right-sided.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture sessions for the cervical and lumbar spines: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the provided documentation, the injured worker has undergone conservative treatments including physical therapy, chiropractic therapy, medications, time off, as well as acupuncture sessions. However, in spite of such measures, the injured worker continued to experience cervical and lumbar spine pain which seemed to radiate to the upper and lower extremities. More specifically, he underwent a prior total of 6 acupuncture sessions which only resulted in the increase in pain levels rated at 7/10 as per notes dated February 17, 2014. Prior notes did not indicate the pain level of this injured worker and more importantly there was no indication of any functional improvement as required by evidence-based guidelines. As such, the request is not medically necessary.

12 physical therapy sessions for the lumbar and cervical spines: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Evidence-based guidelines indicate that for chronic pain, active physical modalities (including home exercise, education, or activity modification) are preferred rather than passive treatment modalities, which are proven to show better and significant outcomes. Moreover, this injured worker has undergone prior conservative treatment measures including physical therapy and chiropractic treatments which only provided minimal to very slight improvements. Pain level was rated at 4-5/10 during the entirety of the therapy sessions with no noted functional improvements. Based on this information, there is no presenting evidence that the injured worker may benefit from further physical therapy sessions. As such, the request is not medically necessary.

Electromyography (EMG) of the bilateral upper extremities: Upheld

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

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.

Decision rationale: Electromyography studies are performed to help rule out if the injured worker has radiculopathy. In this case, it was noted that he underwent nerve conduction velocity studies of the bilateral upper extremities on August 22, 2013 which revealed normal findings. As such, the request is not medically necessary.

Nerve conduction velocity (NCV) study of the bilateral upper extremities: Upheld

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

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.

Decision rationale: Nerve conduction velocity studies are performed to help rule out if the injured worker has radiculopathy. In this case, it was noted that he underwent nerve conduction velocity studies on August 22, 2013, which revealed normal findings. As such, the request is not medically necessary.

Electromyography (EMG) of the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: According to the Official Disability Guidelines, electromyography is recommended as an option and maybe useful to obtain unequivocal evidence of radiculopathy after a month of conservative therapy. In this case, the injured worker has undergone conservative treatments; however, his lumbar spine pain with radicular symptoms is persistent. Based on this clinical presentation, it appears that the injured worker is in need of electromyography to the bilateral lower extremities, and the request is medically necessary.

Nerve conduction velocity (NCV) study of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Studies.

Decision rationale: Evidence-based guidelines indicate that nerve conduction velocity studies are not recommended when the injured worker is presumed to have symptoms based on radiculopathy. As such, the request is not medically necessary.