

Case Number:	CM14-0043477		
Date Assigned:	07/02/2014	Date of Injury:	10/01/2012
Decision Date:	08/29/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/10/2014

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, 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 47-year-old female with a reported date of injury on 10/01/2012. The injury reportedly occurred when the injured worker tripped down steps of the school bus. Her diagnoses were noted to include grade II spondylolisthesis of L5 on S1; discogenic spondylosis on L5-S1; intermittent right lumbar radiculopathy; rotator cuff impingement syndrome to the right shoulder; adhesive capsulitis to the right shoulder; persistent right arm pain with numbness and tingling to fingertips; and probable history of cervical whiplash injury with possible cervical spine radiculopathy to the right upper extremity. Her previous treatments were noted to include medication, physical therapy, chiropractic care, and acupuncture. The progress note dated 02/13/2014 revealed the injured worker complained of right shoulder pain rated 5/10 to 8/10, left shoulder pain rated 6/10 to 9/10, low back pain rated 5/10 to 8/10, and mid-back pain rated 4/10 to 7/10. The physical examination of the cervical spine revealed tenderness and spasm over the bilateral paraspinal muscles and bilateral levator scapulae muscles. The range of motion to the cervical spine was noted to be diminished. Examination of the lumbar spine revealed tenderness and spasming throughout the paraspinal muscles. The range of motion to the lumbar spine was noted to be diminished. The injured worker was noted to have positive Tinel's bilaterally. The Request for Authorization form was not submitted within the medical records. The request was for chiropractic therapy for the lumbar spine one time a week for 4 weeks, continued acupuncture for the lumbar spine one time a week for 4 weeks, and electromyography of the bilateral upper extremities for right arm pain with numbness and tingling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the lumbar spine one (1) time a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Therapy for the Lumbar Spine.

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

Decision rationale: The request for chiropractic therapy for the lumbar spine 1 time a week for 4 weeks is not medically necessary. The injured worker has received previous chiropractic therapy. The California Chronic Pain Medical Treatment Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect 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. The guidelines recommend for low back, a trial of 6 visits over 2 weeks; with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. There is a lack of quantifiable objective functional improvements with previous chiropractic visits, as well as the number of sessions completed. Therefore, the request is not medically necessary.

Continued Acupuncture for the lumbar spine one (1) time a week for four (4) weeks: 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 continued acupuncture for the lumbar spine one time a week for 4 weeks is not medically necessary. The injured worker has received previous acupuncture therapy sessions. 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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effects of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The acupuncture guidelines recommend time to produce functional improvement is 3 to 6 treatments, with the frequency of 1 to 3 times per week with an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. There is a lack of documentation regarding objective functional improvements and the number of previous acupuncture therapies completed. Therefore, the request is not medically necessary.

Electromyography (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for an electromyography of the bilateral upper extremities is not medically necessary. The injured worker complains of pain that travels down her bilateral upper extremities. The CA MTUS/ACOEM Guidelines recommend electromyography and nerve conduction velocities, including H-Reflex tests, to help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. 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 to define potential cause. The guidelines state electromyography can be used to identify and define a physiological insult and an anatomic defect. There was a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. The request is not medically necessary.

Nerve Conduction Velocity (NCV) of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for an NCV of the bilateral upper extremities is not medically necessary. The injured worker complains of pain that travels down her bilateral upper extremities. The CA MTUS/ACOEM Guidelines recommend electromyography and nerve conduction velocities, including H-Reflex tests, to help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. 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 to define potential cause. The guidelines state electromyography can be used to identify and define a physiological insult and an anatomic defect. There was a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. The request is not medically necessary.