

Case Number:	CM14-0046833		
Date Assigned:	07/02/2014	Date of Injury:	08/19/2013
Decision Date:	08/27/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/14/2014

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 Illinois. 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 41-year-old female who reported an injury on 08/19/2013. The mechanism of injury was not specifically stated. The current diagnoses include cervical spine disc bulge, thoracic spine sprain, lumbar spine disc bulge, bilateral shoulder rotator cuff tear with bursitis, bilateral elbow epicondylitis with effusion, and bilateral wrist tendonitis, rule out carpal tunnel syndrome. The injured worker was evaluated on 02/07/2014 with complaints of persistent pain over multiple areas of the body. Physical examination revealed severe tenderness with swelling in the bilateral elbows, decreased elbow range of motion, positive Mill's and Cozen's testing; severe tenderness in the bilateral wrists, decreased range of motion, positive Tinel's and Phalen's testing; severe tenderness in the right shoulder, limited range of motion of the right shoulder, positive apprehension and Codman's testing, positive Appley's testing; moderate palpable tenderness in the left shoulder; tenderness to palpation of the cervical and lumbar spine, diminished range of motion, tenderness to palpation with hypertonicity in the paraspinal muscles, positive Kemp's testing, positive straight leg raising, positive Braggard's testing, positive Milgrim's testing, and 4/5 strength. Treatment recommendations at that time included electrodiagnostic studies and acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556, 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 12 sessions of acupuncture exceeds guideline recommendations. There is also no specific body part listed in the current request. As such, the request is not medically necessary.

EMG for bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (updated 03/31/2014), Electromyography.

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 to 4 weeks. As per the documentation submitted, the injured worker does maintain a diagnosis of cervical spine disc bulge as well as bilateral upper extremity rule out carpal tunnel syndrome. However, there is no documentation of an attempt at any conservative treatment prior to the request for an electrodiagnostic study. Based on the clinical information received, the request is not medically necessary.

EMG for bilateral lower extremities: 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: California MTUS guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official disability guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy, and is not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. The injured worker demonstrates limited lumbar range of motion, positive straight leg raise, positive Kemp's testing, and diminished lower extremity strength. As guidelines do not recommend electrodiagnostic studies when radiculopathy is already clinically

obvious, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.

NCS of the bilateral 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, Neck & Upper Back (updated 03/31/2014), Nerve Conduction Studies (NCS).

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 to 4 weeks. As per the documentation submitted, the injured worker does maintain a diagnosis of cervical spine disc bulge as well as bilateral upper extremity rule out carpal tunnel syndrome. However, there is no documentation of an attempt at any conservative treatment prior to the request for an electrodiagnostic study. Based on the clinical information received, the request is not medically necessary.

NCS of bilateral lower 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, Low Back (updated 03/31/2014) Nerve Conduction studies(NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: California MTUS guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official disability guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy, and is not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. The injured worker demonstrates limited lumbar range of motion, positive straight leg raise, positive Kemp's testing, and diminished lower extremity strength. As guidelines do not recommend electrodiagnostic studies when radiculopathy is already clinically obvious, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.