

Case Number:	CM14-0047190		
Date Assigned:	07/02/2014	Date of Injury:	07/09/2012
Decision Date:	08/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/15/2014

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 and Washington. 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 67-year-old male who reported an injury on 07/03/2012. The mechanism of injury was not stated. Current diagnoses include headache, cervical radiculopathy, cervical sprain, lumbar disc protrusion, lumbar muscle spasm, lumbar musculoligamentous injury, lumbar radiculopathy, lumbar sprain, left shoulder impingement syndrome, left shoulder pain, left shoulder sprain, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain, insomnia, anxiety, depression, irritability, nervousness, and hypertension. The injured worker was evaluated on 02/17/2014 with complaints of occasional headache. The injured worker also reported constant pain in the cervical and lumbar spine as well as the bilateral shoulders. Psychological symptoms included depression, anxiety, and irritability. Physical examination revealed decreased and painful cervical range of motion, 3+ tenderness to palpation of the cervical and lumbar spine, decreased and painful lumbar range of motion, trigger points in the lumbar spine, positive cervical compression testing, positive Kemp's testing, positive straight leg raising, decreased and painful shoulder range of motion bilaterally, 3+ tenderness to palpation of the bilateral shoulders, and positive supraspinatus testing. Treatment recommendations included localized intense Neurostimulation therapy for the lumbar spine, acupuncture treatment, and an internal medicine consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Two Times A 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: The California MTUS Guidelines states 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, Acupuncture two times a week for four weeks is not medically necessary.

Trigger Point Impedance Imaging: Upheld

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

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, Hyperstimulation analgesia.

Decision rationale: The Official Disability Guidelines state hyperstimulation analgesia is not recommended until there are higher quality studies. As such, the current request cannot be determined as medically appropriate. There is also no specific body part listed in the current request. As such, Trigger Point Impedance Imaging is not medically necessary.

Localized Intense Neurostimulation Therapy for Low BackSix Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physical modalities such as massage, diathermy, Cutaneous laser treatment; ultrasound, Transcutaneous Electrical Nerve Stimulation (TENS) therapy, Percutaneous Electrical Nerve Stimulation (PENS) therapy, and biofeedback have no proven efficacy in treating acute low back symptoms. Therefore, the current request cannot be determined as medically appropriate. As such, Localized Intense Neurostimulation Therapy for low back six sessions is not medically necessary.

Nerve Conduction Study Lower and Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178.

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: The California MTUS and ACOEM Practice 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. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after one (1) month of conservative therapy. Nerve conduction studies are not recommended. There was no documentation of sensory or motor changes in the bilateral lower extremities. The medical necessity for the requested electrodiagnostic testing has not been established. As such, Nerve Conduction Study lower and upper extremities is not medically necessary.

Electromyography Lower and Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: The California MTUS ACOEM Practice 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. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 (one) month of conservative therapy. Nerve conduction studies are not recommended. There was no documentation of sensory or motor changes in the bilateral lower extremities. The medical necessity for the requested electrodiagnostic testing has not been established. As such, Electromyography lower and upper extremities is not medically necessary.