MAXIMUS Federal Services

Case Number:	CM14-0057279		
Date Assigned:	07/09/2014	Date of Injury:	07/29/2010
Decision Date:	09/23/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 Preventative Medicine and is licensed to practice in Occupational Medicine. 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 57 year old employee with date of injury of 7/29/2010. Medical records indicate the patient is undergoing treatment for cervical spine disease; cervical sprain/strain; thoracic sprain/strain; thoracic pain; low back pain; rupture or herniation of lumbar disc; low back pain; lumbar sprain/strain; lumbar disc bulge with radiculitis; sprain/strain of wrist, hand, fingers; sprain/strain of knee and leg; carpal tunnel syndrome, right worse than left and shoulder rotator cuff tears bilaterally. Subjective complaints include lower back pain is 5/10. She has constant lower back pain with intermittent right leg radiculopathy. The patient no longer receives acupuncture 2 times a week although she said it helped her. She continues to experience pain from repetitive upper extremity motions during work and complains her right carpal tunnel syndrome is getting worse. She is also experiencing nervousness, depression, irritability and loss of sleep. Her headaches are described as dull and she rates the pain 6/10. Her pain across her shoulders and pain in feet and ankles is rated as 7/10. She also has numbness and cramps in both feet. In the bilateral region of the neck she has increased pain by backward, forward and rotating the head. Her neck pain is rated 7/10 on a visual analog scale. The pain in her upper arms, elbows, forearms is described as "pins and needles". She rates the pain as a 6/10. Objective findings include moderate tenderness to palpation at C2-C7; T1-T2 and L1-L5. Treatment has consisted of acupuncture, physiotherapy and an LS epidural in 1/2014. She is taking hydrochlorothiazide, Tramadol, Flexeril and tropical transdermal creams. The utilization review determination was rendered on 4/16/2014 recommending non-certification of Acupuncture for the Lumbar Spine 6 additional sessions and EMG/NCV of the Upper Extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the Lumbar Spine 6 additional sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture.

Decision rationale: MTUS states, "Acupuncture Medical Treatment Guidelines" clearly state that "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." The medical documents did not provide detail regarding patient's increase or decrease in pain medication from previous acupuncture therapy. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. ODG does not recommend acupuncture for acute low back pain, but "may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab efforts." The initial trial should be "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" There is no evidence that the previous 18 sessions of acupuncture provided any functional improvement or a decrease in the use of medications. The patient has exceeded the ODG Acupuncture guidelines and has shown no functional improvement. The treating physician has not provided documentation to meet these guidelines. As such, the request for Acupuncture for the Lumbar Spine 6 additional sessions is not medically necessary.

EMG/NCV of the Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM states, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography(EMG) may be helpful." ODG states, "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and

rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies". Medical records indicate radiculopathy and a diagnosis of right carpal tunnel syndrome. The patient has also seen an orthopedic surgeon for carpal tunnel syndrome. The treating physician has not provided medical documentation such as a change in symptoms, new injury, cervical radiculopathy, to justify an EMG at this time. As such the request for EMG/NCV OF THE UPPER EXTREMITIES is not medically necessary.