MAXIMUS Federal Services

Case Number:	CM14-0069763		
Date Assigned:	06/27/2014	Date of Injury:	08/18/2003
Decision Date:	07/28/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational Medicine 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 patient was injured on 08/18/03. 8 chiropractic manipulation sessions were requested but this was modified to 2 sessions. The EMG/NCV was not certified. These requests are under review. The patient saw the chiropractor on 03/12/14 for an acute flareup with constant moderately severe neck and upper back pain and entire right upper extremity pain rated level 9/10. She had tried ice packs, rest, and pain medication with no relief. She had difficulty doing her job and performing basic functions at home. The last flareup was successfully treated. Physical examination included grade 4/4 cervical spine tenderness, myospasm, vertebral fixations and limited range of motion in rotation and lateral bending. She was diagnosed with cervical strain, carpal tunnel syndrome and lateral epicondylitis. 8 chiropractic visits and a nerve conduction test were requested to evaluate the function of her median nerves. Most of the notes that were submitted are quite old. She saw the chiropractor on 10/22/13 and reported 8/10 neck pain. She has frequent flareups due to the nature of her occupation but typically responds to care. On 03/12/14, she was seen again. She had an acute flareup that day with constant moderate and over the weekend severe neck and upper back pain and it involved her entire right upper extremity. She was doing excessive dental hygiene work. She reported 9/10 neck pain. She had tenderness and myospasm with decreased range of motion and active myofascial trigger points and her right forearm was tight and very tender. She had lateral epicondylitis. She was doing her exercises and stretches and takes frequent micro-breaks. 8 visits were requested. The EMG/NCV was not medically necessary because there was no indication that the patient was a candidate for surgery or that surgery was being considered. There is no description other than complaints involving her forearm of acute decompensation of her carpal tunnel syndrome such that electrodiagnostic studies appear to be necessary. No neurologic deficits are noted in the recent notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic manipulation sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Silent regarding Neck and Upper Back; Forearm, Wrist, and Hand (not recommended for the upper extremities but may be considered). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Manipulation.

Decision rationale: The history and documentation support the request for 8 sessions of chiropractic manipulation based on the patient's reported past success with this treatment and the presence of an exacerbation of pain that has not responded to other attempts at conservative self-treatment. She has been working and it appears that she is compliant with treatment. The MTUS do not address manipulation of the cervical spine but state regarding Forearm, Wrist, and Hand ODG Chiropractic Guidelines (if a decision is made to use this treatment despite the lack of convincing evidence) Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy: 9 visits over 8 weeks. In addition, the ODG state regarding the neck: ODG Chiropractic Guidelines - Regional Neck Pain: 9 visits over 8 weeks. Cervical Strain: Intensity & duration of care depend on severity of injury as indicated below, but not on causation. These guidelines apply to cervical strains, sprains, whiplash (WAD), acceleration/deceleration injuries, motor vehicle accidents (MVA), including auto, and other injuries whether at work or not. The primary criterion for continued treatment is patient response, as indicated: Mild (grade I - Quebec Task Force grades): up to 6 visits over 2-3 weeks, Moderate (grade II): Trial of 6 visits over 2-3 weeks. Moderate (grade II): With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity. Severe (grade III): Trial of 10 visits over 4-6 weeks. Severe (grade III): With evidence of objective functional improvement, total of up to 25 visits over 6 months, avoid chronicity. In this case, based on the patient's past success with this treatment for similar complaints, 8 sessions can be supported as reasonable and appropriate. Consideration also should be given to an assessment of her work situation in an attempt to prevent future recurrence/exacerbations.

EMG: 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 8 Neck and Upper Back Complaints.

Decision rationale: The history and documentation do not objectively support the request for an EMG at this time. The MTUS state "Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The claimant appears to be experiencing an exacerbation of soft tissue complaints that have been fully worked up in the past. There was no new injury reported and no new symptoms or findings, in particular neurologic deficits, such as possible radiculopathy, for which an EMG appears to be necessary. Conservative treatment has been recommended but has not yet been completed so failure of conservative treatment for her current complaints has not been shown. There is no evidence that the claimant needs an imaging study such as an MRI and additional information is being sought to help make that determination.

NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The history and documentation do not objectively support the request for NCV at this time. The MTUS state in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The patient appears to be experiencing an exacerbation of soft tissue complaints that have been fully worked up in the past. There was no new injury reported and no new symptoms or findings, in particular neurologic deficits, such as possible peripheral nerve compression or dysfunction, for which NCV appear to be necessary. Conservative treatment has been recommended but has not yet been completed so failure of conservative treatment for her current complaints has not been shown. There is no evidence that the patient is likely to require surgery for her current complaints or that additional information is being sought to help make that determination.