

Case Number:	CM14-0072646		
Date Assigned:	07/16/2014	Date of Injury:	07/12/2012
Decision Date:	09/29/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/19/2014

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 Texas. 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 is a 58 year old female with claim of industrial injury by CT 7/12/2012 - 7/12/2013, to the neck. According to the 4/12/2014 report, the patient complains of constant neck pain with radiation into trapezius and shoulders causing stiffness and soreness. She reports numbness and tingling in both arms occurs frequently. She has constant mid back pain. She has constant low back pain with radiation into the legs causing numbness and tingling frequently. Currently taking synthroid, prozac, sudafed, prilosec, neurontin motrin, ativan (prn), vicodin (prn) and Naprosyn. She is currently employed and performing her regular duties. Physical examination findings include tenderness and guarding, decreased ROM of the spine, 5/5 motor strength, 2+ reflexes, and intact sensation of the extremities. Spinal x-rays were obtained and reviewed. Diagnoses are chronic cervical, dorsal and lumbar strain; findings per imaging suggestive of dorsal compression fracture and I-II grade spondylolisthesis at L4-L5. Recommendations include need to obtain patient's previous medical records, try acupuncture, continue current medications, and order neurological studies and IF unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyogram) of 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,

Electrodiagnostic Testing, American Association of Neuromuscular and Electrodiagnostic Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: As per CA MTUS/ACOEM guidelines, "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." Further guidelines indicate "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." In this case, the medical records document the patient had an entirely normal neurological examination on 4/14/2014. In the absence of an neurological deficits or relevant abnormal findings, an EMG study is not clinically indicated. Furthermore, the medical records indicate the patient has already undergone cervical MRI in the past. Given these factors, an EMG study of the upper extremities is not medically necessary.

NCS (nerve conduction studies) 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, Electrodiagnostic Testing, American Association of Neuromuscular and Electrodiagnostic Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: As per CA MTUS/ACOEM guidelines, "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." Further guidelines indicate "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." In this case, the medical records document the patient had an entirely normal neurological examination on 4/14/2014. In the absence of an neurological deficits or relevant abnormal findings, a nerve conduction study is not clinically indicated. Given these factors, an NCS of the upper extremities is not medically necessary.

Acupuncture, thoracic, lumbar 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the guidelines, "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. This criteria has not been established in the case of this patient. According to the medical records, the patient continues performing her usual and customary duties, and physical examination on 4/14/2014 revealed minimal findings. Her complaints are under control with her medication regimen. The medical records do not support that this patient presents with an exacerbation, flare-up or recent re-injury unresponsive to her current conservative care regimen, as to support acupuncture therapy. Given the above the request is not medically necessary.