

Case Number:	CM14-0205248		
Date Assigned:	12/17/2014	Date of Injury:	01/07/2013
Decision Date:	02/10/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/08/2014

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 Family Practice, 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:

This is a 68 years old female patient who sustained an injury on 1/7/2013. She sustained the injury due to cumulative trauma. The current diagnoses include lumbar sprain, cervical sprain, fibromyalgia, ankle sprain, and carpal tunnel syndrome. Per the doctor's note dated 10/23/2014, she had complaints of neck pain with radiation to her upper back, shoulder blades, arms and hands, greater in her right upper extremity than the left with stiffness, numbness and tingling sensation, muscle cramping and spasms; arm pain, bilateral elbow discomfort with tingling and numbness; low back pain with radiation to hips; lower extremities pain with tingling and numbness in both feet, difficulty sleep and stress and anxiety. The physical examination revealed cervical spine- paraspinal muscle spasm and tenderness, restricted range of motion, reduced sensation in bilateral hands; wrists- tenderness, normal range of motion and positive Tinel's test bilaterally; lumbar spine- paraspinal muscle spasm and tenderness, restricted range of motion, reduced sensation in bilateral feet; bilateral feet/ankles- tenderness over bilateral tibiofibular ligaments, normal range of motion and positive lateral instability on the left side. The medications list includes atenolol, vitamin tablets and medical foods. She has had electrodiagnostic testing on 11/6/2014 which revealed moderate bilateral carpal tunnel syndrome. She has had a history of an unspecified number of physical therapy sessions in 2003 and also acupuncture therapy which was done in 2008.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x4 Lower Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture medical treatment guidelines cited below 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." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines "Acupuncture treatments may be extended if functional improvement is documented." The medical records provided do not specify any intolerance to pain medications. The records submitted contain no accompanying current physical therapy/acupuncture evaluation for this patient. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of Acupuncture 3x4 Lower Back is not fully established for this patient.

EMG Bilateral Upper Extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178; 261, 268.

Decision rationale: Per the notes the pt has already had electro diagnostic studies of the bilateral upper extremities on 11/6/14, so this is a retrospective request. Per the ACOEM guidelines cited below "Appropriate electro diagnostic 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." Per the ACOEM chapter 9 guidelines, "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." Patient had neck pain with radiation to her upper back, shoulder blades, arms and hands, greater in her right upper extremity than the left with stiffness, numbness and tingling sensation, muscle cramping and spasms and positive Tinel's bilaterally. Therefore the requested electro diagnostic study was medically appropriate and necessary in this patient to evaluate upper extremity neurological symptoms and to determine if there is presence of cervical radiculopathy or peripheral neuropathy. This differentiation would help to guide further management of the pt. The EMG Bilateral Upper Extremities is medically appropriate and necessary for this patient.

MRI Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Per the ACOEM chapter 8 guidelines cited above "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." The records provided do not specify any progression of neurological deficits in this patient. Any finding indicating red flag pathologies are not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of MRI neck is not fully established for this patient.

Orthotic Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: Per the ACOEM guidelines cited below "Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." The rationale for the need of the orthotic evaluation is not specified in the records provided. The response of the lower extremity/ ankle/ feet symptoms and signs to medications and a course of PT are not specified in the records provided Evidence of plantar fasciitis and metatarsalgia is also not specified in the records provided. The medical necessity of Orthotic Evaluation is not fully established for this patient.

Acupuncture 3x4 Lower Neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture medical treatment guidelines cited below 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." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines "Acupuncture treatments may be extended if functional improvement is documented." The medical records provided do not specify any intolerance to pain medications. The records submitted contain no accompanying current physical therapy/acupuncture evaluation for this patient. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of Acupuncture 3x4 Lower neck is not fully established for this patient.

MRI Lower Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per the ACOEM low back guidelines cited above "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." The records provided do not specify any progression of neurological deficits in this patient. Any finding indicating red flag pathologies are not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of MRI lower back is not fully established.