

Case Number:	CM14-0206244		
Date Assigned:	01/29/2015	Date of Injury:	07/10/2014
Decision Date:	03/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 40 year old male who had a work injury dated 7/10/14 while being involved in an altercation with a special needs client. The diagnoses include cervical sprain/strain with headaches; left wrist sprain/strain; DeQuervain's tenosynovitis with left thumb sprain/strain; low back sprain/strain; right foot planter fasciitis; gastritis due to medications; irritable bowel syndrome; hypertension; stress/anxiety and insomnia. There is a progress report dated 10/29/14 that is handwritten and somewhat illegible. The document states that the patient has low back pain 3/10 that is improving with physical therapy and acupuncture. The left wrist pain is 5/10. The right foot pain is 5/10. On exam there is tenderness in the cervical and lumbar spine. There are spasms in the cervical , thoracic and lumbosacral muscles and painful and limited cervical and lumbar range of motion. The treatment plan includes PT; acupuncture, internal medicine referral, Norco, MRI, trigger points. A 9/18/14 progress report states that the patient has 7/10 cervical spine pain with complaints of right upper extremity pain, numbness/tingling. Will request EMG of the RUE to rule out cervical radiculopathy. The patient has 5/10 lumbosacral pain and the patient denied bilateral lower extremity radicular symptoms. The patient has 5/10 left wrist pain and pain over the ulnar aspect of the wrist. There is 5/10 pain in the left hand and a positive Finkelstein sign. The patient has improved slower than expected.the objective findings state acupuncture to cervical, lumbar and bilateral shoulders. The patient is medically cleared for PT. The patient is to start PT and continued acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of physical therapy for the low back, neck and left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98 - 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Low Back, and Forearm, Wrist & Hand Chapters

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Six sessions of physical therapy for the low back, neck and left wrist is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that patient's should be directed towards an independent home exercise program. The documentation indicates that the patient has had at least 18 authorized PT visits and at this point should be well versed in a home exercise program. The request for six sessions of physical therapy are not medically necessary.

Six sessions of electro-acupuncture to the neck, low back and left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Six sessions of electro-acupuncture to the neck, low back and left wrist is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The documentation indicates that that the patient has had prior acupuncture. The documentation is not clear on functional improvement from the prior 12 sessions of acupuncture, therefore the request for six sessions of electro-acupuncture to the neck, low back and left wrist is not medically necessary.

Six sessions of an additional 15 minutes of electro-acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Six sessions of an additional 15 minutes of electro-acupuncture is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional

improvement is documented. The documentation indicates that that the patient has had prior acupuncture. The documentation is not clear on functional improvement from the prior 12 sessions of acupuncture, therefore the request for six sessions of an additional 15 minutes of electro-acupuncture is not medically necessary.

Six sessions of traction with acupuncture treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Six sessions of traction with acupuncture treatment is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The documentation indicates that that the patient has had prior acupuncture. The documentation is not clear on functional improvement from the prior 12 sessions of acupuncture, therefore the request for six sessions of acupuncture with traction is not medically necessary.

Six sessions of infrared with acupuncture treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Six sessions of infrared with acupuncture treatment is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The documentation indicates that that the patient has had prior acupuncture. The documentation is not clear on functional improvement from the prior 12 sessions of acupuncture, therefore the request for six sessions of infrared with acupuncture treatment is not medically necessary.

EMG of two extremities with related paraspinal areas: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter

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

Decision rationale: EMG of two extremities with related paraspinal muscles is not medically necessary as written per the ACOEM MTUS Guidelines. The guidelines state that when the neurologic examination is less clear 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 request as written is not specific as to whether this is the upper or lower extremities with related paraspinal areas. Without clarification this request cannot be certified.

Motor nerve conduction study of the cervical spine, quantity of two: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter

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

Decision rationale: Motor nerve conduction study of the cervical spine, quantity of two is not medically necessary per the MTUS Guidelines. The MTUS states that 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 request as written is not clear on whether the motor nerve conduction studies are being requested for the right or left upper extremity or for both. Without clarification of this request it cannot be certified.

Sensory nerve conduction study of the cervical spine, quantity of two: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter

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

Decision rationale: Sensory nerve conduction study is not medically necessary per the MTUS Chronic Pain Medical Guidelines. The MTUS states that when the neurologic examination is less clear further physiologic evidence of nerve dysfunction can be obtained before an imaging study. Electromyography (EMG) and nerve conduction velocity (NCV) including H reflex testing may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than three or four weeks. The request as written is not clear on whether the sensory nerve conduction study is requested for the right or left upper extremity or both. Without clarification of this the request for sensory nerve conduction study is not medically necessary.

