

Case Number:	CM15-0006088		
Date Assigned:	01/20/2015	Date of Injury:	08/22/2014
Decision Date:	04/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal 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 injured worker is a 30 year old male, who sustained an industrial injury on 8/22/14. He has reported symptoms of intermittent moderate headaches, chest pain, neck pain, low back pain, and stress and anxiety. The diagnoses have included contusion of chest wall, face, scalp, neck; pain in joint, lower leg, cervicalgia, lumbar sprain and strain, sprains and strains of other unspecified body parts of back. Medical history included ulcers and gastritis. Physical exam revealed tenderness to palpation about the cervical paraspinal muscles in the trapezius muscles. Cervical range of motion was diminished with bouts of muscle spasm. There was midline chest discomfort. Palpation over the paraspinal muscles and over the facet joints at the L5-S1 level. Neurological exam was normal. The Magnetic Resonance Imaging (MRI) demonstrated evidence of a 2-3 mm disc bulge at the C5-C6 level in a 2 mm disc bulge at the L4-5 level. Acupuncture and electro-diagnostic testing were recommended by the clinician. Psychiatric consultation was ordered for complaints of stress and anxiety. On 12/16/14, Utilization Review non-certified 8 additional acupuncture to the cervical region 2 x week for 4 weeks; 8 sessions of acupuncture to the lumbar spine 2 x week for 4 weeks; electromyogram/nerve conduction studies of left and right upper extremity, noting the Medical treatment Utilization Schedule (MTUS) Acupuncture Medical Treatment Guidelines. The MTUS, ACOEM Guidelines, (or ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Acupuncture to lumbar spine (2x week for 4 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "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 Injured Worker had attended 3 sessions of physical therapy but did not continue due to increased pain. The Injured Worker is not currently reducing pain medication, intolerant of pain medication or attending physical therapy. This request is not medically necessary and appropriate.

8 additional sessions of Acupuncture for the cervical region 2x week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "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 Injured Worker had attended 3 sessions of physical therapy but did not continue due to increased pain. The Injured Worker is not currently reducing pain medication, intolerant of pain medication or attending physical therapy. This request is not medically necessary and appropriate.

EMG/NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Diagnostic Investigations: Electromyography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

Decision rationale: Per ODG guidelines 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. According to the progress notes there was no neurological findings on exam that would indicate the need for EMG/NCV. This request is not medically necessary and appropriate at this time.

EMG/NCV of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Diagnostic Investigations: Electromyography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

Decision rationale: Per ODG guidelines 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. According to the progress notes there was no neurological findings on exam that would indicate the need for EMG/NCV. This request is not medically necessary and appropriate at this time.