

Case Number:	CM15-0136130		
Date Assigned:	07/24/2015	Date of Injury:	03/12/2015
Decision Date:	09/21/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for neck, ankle, low back, wrist, and knee pain reportedly associated with an industrial injury of March 12, 2015. In a utilization review report dated June 29, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of the bilateral lower extremities, range of motion and muscle testing, 12 sessions of acupuncture, and 12 sessions of manipulative therapy/physiotherapy. The claims administrator referenced a June 15, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On June 15, 2015, the applicant reported ongoing complaints of neck, bilateral wrist, low back, knee, and ankle pain with derivative complaints of headaches, depression, anxiety, sleep disturbance, and tension. The applicant stated that her pain complaints were poorly controlled and that she had to go to the emergency department owing to a flare in pain complaints. The applicant contended that her employer was not honoring her work restrictions and also alleged that her employer was asking her to perform activities in excess of her suggested limitations. Twelve sessions of manipulative therapy, 12 sessions of acupuncture, [computerized] range of motion and strength testing, x-rays of bilateral wrists, bilateral hands, and cervical spine, electrodiagnostic testing of the bilateral upper extremities, and electrodiagnostic testing of bilateral lower extremities were all endorsed, along with prescriptions for tramadol, Motrin, Protonix, a TENS unit, and a continuous cooling/continuous heating device. The applicant was placed off work, on total temporary disability, on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) Bilateral Lower Extremities (BLE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 308; 377; 272.

Decision rationale: No, the request for electrodiagnostic testing (EMG-NCV) of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes that EMG testing is deemed "not recommended" in applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the progress note of June 15, 2015 did suggest that the applicant carried a diagnosis of lumbar spine multilevel disc herniation which cause neural foraminal narrowing per MRI imaging dated June 4, 2015. Thus, the attending provider's report of June 15, 2015 suggested that the applicant in fact carried a diagnosis of clinically evident, radio graphically confirmed lumbar radiculopathy, effectively obviating the need for the EMG component of the request. The MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies (a.k.a. nerve conduction testing) is deemed "not recommended" absent some compelling clinical evidence of tarsal tunnel syndrome or entrapment neuropathies. Here, however, there was no mention of the applicant's carrying a diagnosis of tarsal tunnel syndrome, suspected entrapment neuropathy, generalized neuropathy, diabetic neuropathy, etc., which would have compelled the NCV component of the request. Finally, the MTUS Guideline in ACOEM Chapter 11, Table 11-7, and page 272 also notes that the routine usage of NCV or EMG testing in the diagnostic evaluation of nerve entrapment is deemed "not recommended." Here, the fact that the attending provider concurrently ordered electrodiagnostic testing of the bilateral upper and bilateral lower extremities strongly suggested that the testing in question was in fact ordered for routine evaluation purposes, without any clearly formed intention on acting on the results of the same. Therefore, the request was not medically necessary.

ROM (range of motion) & muscle testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Flexibility.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 170; 293.

Decision rationale: Similarly, the request for range of motion and muscle testing was likewise not medically necessary, medically appropriate, or indicated here. Two of the applicant's primary pain generators were the neck and low back pain. However, the MTUS guideline in ACOEM Chapter 8, page 170 notes that range of motion measurements of the neck and upper back are of "limited value" owing to the marked variation in range of motion amongst

applicants with and without symptoms. Similarly, the MTUS Guideline in ACOEM Chapter 12, page 293 also notes that range of motion measurements of the low back are of "limited value," again owing to the marked variation amongst the applicants with and without symptoms. The MTUS Guideline in ACOEM Chapter 12, page 293 also notes that testing for muscle strength should occur via manual muscle testing, i.e., by asking the applicant to "flex the hip against resistance," for instance. Similarly, the MTUS Guideline in ACOEM Chapter 8, Table 8-3, and page 170 suggests assessing motor strength through test through manual muscle testing of various muscle groups to include the shoulder elevators, shoulder abductors, radial wrist extensors, finger flexors, etc. The attending provider's request for formal range of motion and muscle testing, thus, was/is at odds with the MTUS Guideline(s) in ACOEM Chapters 8 and 12, both of which suggest that range of motion testing of the neck and low back is of "limited value," and also suggest assessing motor function through manual muscle testing as opposed to the computerized muscle testing at issue here. Therefore, the request was not medically necessary.

Acupuncture, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Similarly, the request for 12 sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a acknowledged that acupuncture can be employed for a wide variety of purposes, this recommendation is, however, qualified by commentary made in MTUS 9792.24.1.c1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." Here, thus, the request for 12 initial acupuncture treatments, thus, represented treatment at a rate two to four times MTUS parameters. The attending provider failed to furnish a clear or compelling rationale for such a protracted course of acupuncture treatment. Therefore, the request was not medically necessary.

Chiropractic treatment/physiotherapy, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 173; 300; 265.

Decision rationale: Finally, the request for 12 sessions of chiropractic treatment/physiotherapy was likewise not medically necessary, medically appropriate, or indicated here. Two of the applicant's primary pain generators are the neck and low back. The MTUS Guideline in ACOEM Chapter 8, page 173 notes that it is reasonable to incorporate cervical manipulation and/or other

passive manual approaches within the context of functional restoration rather than for pain control purposes alone. Here, however, the applicant was placed off work, on total temporary disability as of the date of the request, June 15, 2015. It did not appear that manipulative therapy was being employed in the context of a program of functional restoration. The MTUS Guideline in ACOEM Chapter 12, page 300 also notes that manipulation should be stopped and the applicant reevaluated if it fails to bring improvement within three to four weeks. Here, thus, the request for 12 sessions of manipulative therapy while keeping the applicant off work, on total temporary disability, ran counter to the MTUS Guideline in ACOEM Chapter 12, page 299 and with the MTUS Guideline in ACOEM Chapter 8, page 173. The applicant also had a variety of ancillary pain generators, including the wrists and hands; it was reported on June 15, 2015. However, the MTUS Guideline in ACOEM Chapter 11, page 265 notes that manipulation has not been proven effective for applicants with hand, wrist, and/or forearm pain, as was/is present here. Therefore, the request was not medically necessary.