

Case Number:	CM15-0141133		
Date Assigned:	07/30/2015	Date of Injury:	08/06/2014
Decision Date:	08/27/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male sustained an industrial injury on 8-06-14. He subsequently reported neck and back pain. Diagnoses include lumbar strain and sprain, carpal tunnel syndrome and neck sprain and strain. Treatments to date include MRI testing and prescription pain medications. The injured continues to experience neck and back pain. Upon examination, tenderness and decreased range of motion was noted in the lumbar and cervical spine. A request for Acupuncture 2 times per week for 3 weeks and Electromyography (EMG), Nerve conduction velocity (NCV) of the left upper extremities was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times per week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received prior sessions of acupuncture with at least 4 visits completed; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from previous treatment rendered and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The acupuncture 2 times per week for 3 weeks is not medically necessary and appropriate.

Electromyography (EMG)/Nerve conduction velocity (NCV) of the left upper extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck & Upper Back (Acute & Chronic) updated 5/12/2015; Low Back & Lumbar & Thoracic (Acute & Chronic) updated 5/15/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8, page 178 regarding neck and upper back complaints.

Decision rationale: There were no correlating neurological deficits defined nor conclusive imaging identifying possible neurological compromise. There are no MRI findings identifying disc herniation, canal or neural foraminal stenosis demonstrated. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, and entrapment neuropathy, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any symptoms or correlating myotomal/dermatomal clinical findings to suggest any cervical radiculopathy or entrapment syndrome. The electromyography (EMG)/Nerve conduction velocity (NCV) of the left upper extremities is not medically necessary and appropriate.