

Case Number:	CM15-0144204		
Date Assigned:	08/05/2015	Date of Injury:	08/15/2014
Decision Date:	09/22/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/24/2015

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: Pennsylvania, Ohio, 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:

The injured worker is a 51-year-old male, who sustained an industrial injury on August 15, 2014. He reported pain and dizziness. Treatment to date has included pain management, MRI, medication, physical therapy and acupuncture. Currently, the injured worker complains of constant neck pain associated with frontal headaches and stiffness. The pain is moderate to severe, described as dull and rated at 7 on 10. He reports the pain is exacerbated by pushing, pulling and repetitive head motions. He also reports intermittent to constant low back pain that radiates to his hips and buttocks associated with a tingling sensation. The pain is moderate to severe and described as aching and dull with stiffness and is rated at 7 on 10. The pain is exacerbated by standing, walking, twisting and lateral bending. He also reports intermittent to constant right ankle pain that is described as dull and rated at 6-8 on 10. The ankle pain is exacerbated by walking activity. The patient reports a moderate to severe sleep disturbance. The injured worker is diagnosed with lumbar radiculopathy, lumbar sprain-strain, thoracic sprain-strain and cervical sprain-strain. His work status is temporarily partially disabled with modifications. In a note dated June 22, 2015, it states the injured worker has experienced temporary relief of pain from medication, physical therapy and acupuncture. The following, acupuncture 2x3 (to reduce-alleviate pain), EMG and NCS of bilateral legs (to further assist with diagnosis) and MRI of the cervical and lumbar spine (to assist with diagnosis) are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines recommend continued acupuncture only if functional improvement is objectively documented consistent with MTUS guidelines. The records in this case do not clearly document such functional improvement from past acupuncture. This request is not medically necessary.

EMG bilateral legs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: MTUS/ACOEM recommends electrodiagnostic studies of the lower back/lower extremities if to evaluate specific neurological symptoms/findings, which suggest a neurological differential diagnosis. The rationale or differential diagnosis for the currently requested electrodiagnostic study is not apparent. This request is not medically necessary.

NCS bilateral legs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: MTUS/ACOEM recommends electrodiagnostic studies of the lower back/lower extremities if to evaluate specific neurological symptoms/findings, which suggest a neurological differential diagnosis. The rationale or differential diagnosis for the currently requested electrodiagnostic study is not apparent. This request is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: MTUS/ACOEM recommends MRI LSPINE if there are specific red flag findings on history and musculoskeletal and neurological examination. The records do not

document such red flag findings at this time. The rationale/indication for the requested lumbar MRI is not apparent. This request is not medically necessary.