

Case Number:	CM15-0144710		
Date Assigned:	08/05/2015	Date of Injury:	07/11/2014
Decision Date:	09/28/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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:

The injured worker is a 33 year old female, who sustained an industrial injury on July 11, 2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left elbow and forearm nodule, left wrist strain, mild extensor carpi ulnaris tendinopathy per magnetic resonance imaging, thoracic spine sprain and strain, and lumbar spine sprain and strain with radicular complaints. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the left wrist, magnetic resonance imaging of the thoracic spine, magnetic resonance imaging of the left hand, and chiropractic therapy. In a progress note dated April 21, 2015 the treating physician reports complaints of continued intermittent, moderate low back pain and continued intermittent, moderate left wrist pain with occasional burning sensation to the bilateral hands. Examination reveals tenderness to the left forearm and elbow, tenderness to the left wrist and hand, tenderness to the paralumbar muscles, tenderness to the midline thoraco-lumbar junction, a palpable nodule to the dorsum region of the left forearm, increased tone to the lumbosacral spine, muscle spasms to the lumbar spine, positive sciatic tenderness testing, and positive Patrick Fabere's testing. The treating physician requested acupuncture to the left hand two times weekly for four weeks for a total of eight sessions and an electromyogram with nerve conduction velocity to the bilateral upper extremities, but the documentation provided did not indicate the specific reasons for the requested treatment and study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Left Hand, 2 times wkly for 4 wks, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the 4/21/15 progress report provided by the treating physician, this patient presents with continued intermittent moderate low back pain, and intermittent moderate left wrist pain with occasional burning sensation in bilateral hands, which the patient states has been ongoing for several years. The treater has asked for Acupuncture, Left Hand, 2 Times Wkly For 4 Wks, 8 Sessions but the requesting progress report is not included in the provided documentation. The patient takes Gabapentin for her burning sensation in bilateral hands, but the efficacy is not mentioned in 4/21/15 report. The request for authorization was not included in provided reports. The patient is s/p hand brace, low back brace, one prior sessions of acupuncture of unspecified efficacy per 2/19/15 report. The patient is currently able to work with restrictions per 4/21/15 report. MTUS, Acupuncture for Neck and Low back Pain: (B) Indications for acupuncture or acupuncture with electrical stimulation include the following presenting complaints in reference to the following ACOEM Practice Guidelines Chapter Headings: (i) Neck and Upper Back Complaints; (ii) Elbow Complaints, (iii) Forearm, Wrist, and Hand Complaints; (iv) Low Back Complaints; (v) Knee Complaints; (vi) Ankle and Foot Complaints; (vii) Pain, Suffering, and the Restoration of Function; (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). Functional Improvement is defined in labor code 9792.20(e) as follows: "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Given patient's diagnosis and continued symptoms, a short course of acupuncture would appear to be reasonable. MTUS guidelines specify 3 to 6 acupuncture treatments initially, with additional sessions contingent on documented functional improvement. In this case, treater requests 8 initial sessions without first establishing efficacy. The patient has had 1 prior acupuncture sessions of unknown efficacy. Were the request for 3-6 initial sessions, the recommendation would be for authorization. This request exceeds what is allowed by guidelines and cannot be substantiated. Therefore, the request is not medically necessary.

EMG (electromyography)/ NCV (nerve conduction velocity), Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 260-262.

Decision rationale: Based on the 4/21/15 progress report provided by the treating physician, this patient presents with continued intermittent moderate low back pain, and intermittent moderate left wrist pain with occasional burning sensation in bilateral hands, which the patient states has been ongoing for several years. The treater has asked for Emg (Electromyography)/Ncv (Nerve Conduction Velocity), Bilateral Upper Extremities but the requesting progress report is not included in the provided documentation. The patient takes Gabapentin for her burning sensation in bilateral hands, but the efficacy is not mentioned in 4/21/15 report. The request for authorization was not included in provided reports. The patient is s/p hand brace, low back brace, one prior sessions of acupuncture of unspecified efficacy per 2/19/15 report. The patient is currently able to work with restrictions per 4/21/15 report. ACOEM Chapter 11, page 260-262: Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. ACOEM Chapter 8, page 178: "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." Physical examination to the bilateral wrists on 2/19/15 revealed a palpable nodule on the dorsum of left forearm with tenderness, and diffuse tenderness on the left wrist/hand with mildly restricted range of motion. Given patient's continued symptoms and burning sensation in the bilateral hands, the request appears reasonable and in accordance with guidelines. There is no evidence of prior upper extremity EMG/NCV studies done. Therefore, the request for EMG/NCV of bilateral upper extremities is medically necessary.