

Case Number:	CM15-0186233		
Date Assigned:	09/28/2015	Date of Injury:	01/17/2015
Decision Date:	12/01/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/22/2015

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: Family Practice

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-work injury on 1-17-15. He reported initial complaints of neck, shoulder, and back pain. The injured worker was diagnosed as having neck and lumbar spine sprain-strain and right shoulder rotator cuff tendinitis-bursitis. Treatment to date has included medication. Currently, the injured worker complains of intermittent moderate low back pain traveling to the left buttocks with numbness in the right thigh. He reported his right shoulder continues to have decreased range of motion and pain with lifting. Per the primary physician's progress report (PR-2) on 7-22-15, exam of the cervical spine exhibits tenderness with palpation about the trapezius musculature, restricted range of motion due to pain, muscle spasms, and positive cervical distraction test. Exam of the right shoulder reveals tenderness with palpation about the trapezius musculature, restricted range of motion due to pain, supraspinatus weakness and positive impingement sign. Exam of the lumbar spine reveals tenderness to palpation about the bilateral lumbar paravertebral musculature, muscle spasms, negative straight leg raise, and positive Patrick Fabere's test and Sciatic Tenderness. The Request for Authorization requested service to include Electromyography - Nerve conduction velocity studies of the left lower extremities, 8 Acupuncture treatment of lumbar spine 2x for 4 weeks with submitted diagnosis of lumbar spine sprain, 8 Acupuncture treatment of right shoulder 2 x 4 weeks with submitted diagnosis of right shoulder rotator cuff, and 8 Acupuncture treatment of cervical spine 2x 4 weeks with submitted diagnosis of cervical spine strain. The Utilization Review on 9-8-15 denied the request for Electromyography-Nerve conduction velocity studies of the left lower extremities, partial

certification of 6 Acupuncture treatment of Lumbar spine 2x for 4 weeks with submitted diagnosis of Lumbar spine sprain, modified 6 Acupuncture treatment of Cervical spine 2x for 3 weeks with submitted diagnosis of Cervical spine strain, and modified to 6 Acupuncture treatment of right shoulder 2x for 4 weeks with submitted diagnosis of right rotator cuff, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Knee Complaints 2004, Low Back Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography / Nerve conduction velocity studies of the left lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Section: Electrophysiologic Studies; EMG/NCV.

Decision rationale: The Official Disability Guidelines state the following on the use of electromyography (EMG) studies for low back conditions: Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The Official Disability Guidelines state the following on the use of Nerve Conduction studies for low back conditions: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In this case, the request is for both EMGs and NCVs. The medical records support the use of EMGs in this case; however, the above-cited guidelines do not support the use of NCVs. The patient has had symptoms for greater than one month and has not responded to conservative treatment. The patient does not have a clinically obvious radiculopathy based on history and examination findings. For this reason, the performance of both EMGs and NCVs of the left lower extremity is not medically necessary.

8 Acupuncture treatment of lumbar spine 2x for 4 weeks with submitted diagnosis of lumbar spine sprain: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS guidelines comment on the use of acupuncture as a treatment modality. These guidelines state the following: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. Further, acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 (ef). In this case, the request for 8 sessions of acupuncture to the lumbar spine exceeds the above-cited MTUS guidelines and therefore is not medically necessary. In the Utilization Review process, the request was modified to allow for 6 sessions of acupuncture to the lumbar spine. This action is consistent with the above-cited MTUS guidelines.

8 Acupuncture treatment of right shoulder 2 x 4 weeks with submitted diagnosis of right shoulder rotator cuff: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS guidelines comment on the use of acupuncture as a treatment modality. These guidelines state the following regarding the use of acupuncture: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. Further, acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 (ef). In this case, the request was for 8 sessions of acupuncture to the right shoulder. Eight sessions exceeds the above-cited guidelines and is therefore not medically necessary. In the Utilization Review process the request was modified to allow for 6 sessions of acupuncture to the right shoulder. This action is consistent with the above-cited guidelines.

8 Acupuncture treatment of cervical spine 2x 4 weeks with submitted diagnosis of cervical spine strain: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Guidelines comment on the use of acupuncture as a treatment modality. These guidelines state that the frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. Further, acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 (ef). In this case, the request for 8 sessions of acupuncture exceeds the MTUS guidelines. In the Utilization Review process, this request was modified for approval of 6 sessions. This action is consistent with the above-cited MTUS guidelines. However, 8 sessions of acupuncture for the cervical spine is not medically necessary.