

Case Number:	CM15-0188201		
Date Assigned:	09/30/2015	Date of Injury:	08/13/2015
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/24/2015

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: California
 Certification(s)/Specialty: Emergency 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 injured worker is a 49-year-old male, with a reported date of injury of 08-13-2015. The diagnoses include lumbar musculoligamentous sprain and strain with bilateral lower extremity radiculitis and multilevel disc protrusions, stenosis, and facet arthropathy; bilateral shoulder periscapular sprain and strain and impingement syndrome; bilateral elbow medial and lateral epicondylitis with possible cubital tunnel syndrome; and bilateral wrist tendinitis with probable carpal tunnel syndrome. Treatments and evaluation to date have not been indicated. The diagnostic studies to date have not been included in the medical records. The doctor's first report dated 08-24-2015 indicates that the injured worker complained of low back pain, bilateral shoulder pain, bilateral elbow pain, and bilateral wrist and hand pain with associated numbness and tingling. The objective findings include tenderness to palpation with slight spasm and muscle guarding over the lumbar paraspinal musculature and lumbosacral junction; positive bilateral sacroiliac stress test; positive bilateral straight leg raise test; lumbar flexion at 12 degrees; lumbar extension at 2 degrees; lumbar right side bending at 8 degrees; lumbar left side bending at 8 degrees; tenderness to palpation over the posterior musculature and periscapular regions; positive bilateral cross arm and impingement tests; right shoulder flexion at 144 degrees; right shoulder extension at 30 degrees; right shoulder abduction at 110 degrees; right shoulder adduction at 34 degrees; left shoulder flexion at 120 degrees; left shoulder extension at 34 degrees; left shoulder abduction at 120 degrees; left shoulder adduction at 32 degrees; tenderness to palpation over the medial and lateral epicondyles and proximal forearm flexor and extensor muscle; positive bilateral Tinel's sign and Cozen's test; right elbow flexion at 136 degrees; right elbow extension at 0 degrees; left shoulder flexion at 134 degrees;

left elbow extension at 0 degrees; tenderness to palpation over the flexor and extensor tendons and first dorsal extensor compartments; bilateral Tinel's sign and Phalen's test; and decreased sensation to light touch in the bilateral upper and lower extremities in a patchy non-dermatomal pattern and along the L5-S1 dermatomal patterns. The injured worker was temporarily totally disabled for four to six weeks. The request for authorization was dated 08-24-2015. The treating physician requested diagnostic ultrasound studies for the bilateral shoulders, EMG and NCS (electromyography and nerve conduction study) of the bilateral upper extremities, and for 6 acupuncture sessions. On 09-14-2015, Utilization Review (UR) non-certified the request for diagnostic ultrasound studies for the bilateral shoulders and EMG and NCS (electromyography and nerve conduction study) of the bilateral upper extremities; and modified the request for 6 acupuncture sessions to four acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 visits (2 x 3): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: As per MTUS acupuncture guidelines, acupuncture may be recommended for pain. It recommends an initial trial of 3-6 sessions before any more sessions is recommended. While the number of sessions fall within the upper limit of a trial, documentation has failed to document any specific plan or where these sessions are to be done. The lack of this information does not support this request is not medically necessary.

Diagnostic ultrasound studies, bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Ultrasound, Diagnostic.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Ultrasound, diagnostic.

Decision rationale: As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag (limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient fails all criteria. As per ODG, ultrasounds of shoulders may be recommended for rotator cuff tears. Provider has not provided any basic imaging or any documentation conservative care to support request for imaging. Ultrasound of shoulder is not medically necessary.

EMG/NCS bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, electromyography (EMG) and nerve conduction studies (NCS) sections.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary, Special Studies.

Decision rationale: EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there is signs of median or ulnar nerve entrapment. Patient has signs consistent with potential carpal tunnel syndrome but provider has failed to document any attempt at conservative care. There is no rationale provided for requested test or how it will change management. NCV is not medically necessary As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. There is no exam or signs consistent with radiculopathy, there is no documented supporting imaging. There is no rationale about why testing is requested for a chronic condition. EMG is not medically necessary. EMG and NCV of bilateral upper extremities are not medically necessary.