

Case Number:	CM15-0193766		
Date Assigned:	10/07/2015	Date of Injury:	10/01/2013
Decision Date:	11/23/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 35-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 1, 2013. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of bilateral lower extremities and eight sessions of acupuncture. The claims administrator referenced an RFA form received on September 17, 2015 in its determination, along with a progress note seemingly dated August 25, 2015. On a handwritten progress note dated "August 25, 2015" in one section of the note and "September 28, 2015" in another section of the note, the applicant reported ongoing complaints of low back and neck pain. Electrodiagnostic testing of bilateral upper extremities and acupuncture were sought. The note was very difficult to follow and not altogether legible. The applicant was given a rather proscriptive 5-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. There was no explicit mention whether the applicant had or had not had prior acupuncture. Handwritten progress notes of August 21, 2015, August 10, 2015, and August 7, 2015, all suggested that the applicant had in fact received acupuncture on those dates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand, Electrodiagnostic studies.

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

Decision rationale: No, the request for electrodiagnostic testing (EMG-NCV) of the bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of NCV or EMG testing in the evaluation of the applicants with suspected nerve entrapment is deemed "not recommended." Here, the attending provider's August 27, 2015 progress note was thinly and sparsely developed, handwritten, not altogether legible, did not clearly state precisely what was suspected insofar as the electrodiagnostic testing in question was concerned. It was not stated how (or if) the proposed electrodiagnostic testing would influence or alter the treatment plan, implying that the attending provider was in fact ordering said electrodiagnostic testing for evaluation purposes, without any clearly formed intention of acting on the results of the same. The MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, also notes that EMG testing to evaluate diagnosis of suspected nerve root involvement is deemed not recommended if findings of history, physical exam, and/or imaging study are consistent. Here, the attending provider's handwritten August 28, 2015 office visit was difficult to follow, handwritten, not altogether legible, did not state what the results of her earlier imaging studies (if any) were insofar as the cervical spine was concerned. If, for instance, the claimant had had earlier positive cervical MRI imaging, this would have effectively obviated the need for electrodiagnostic testing in question. Therefore, the request was not medically necessary.

Acupuncture twice a week for four weeks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Similarly, the request for eight sessions of acupuncture for the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture. The applicant had received multiple prior acupuncture treatments in August 2015 alone. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, the attending provider's handwritten August 23, 2015 office visit did not establish presence of functional improvement as defined in section 9792.20e following receipt of earlier unspecified amounts of acupuncture. The fact that a rather proscriptive 5-pound lifting limitation was endorsed on that date, moreover, argued against the applicant's having effected functional improvement as defined in section 9792.20e with earlier acupuncture. Therefore, the request was not medically necessary.