

Case Number:	CM15-0198874		
Date Assigned:	10/15/2015	Date of Injury:	06/24/2011
Decision Date:	12/23/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/09/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 34 year old male, who sustained an industrial injury on June 24, 2011. The injured worker was diagnosed as having cervical myalgia, cervical myospasm, left-sided cervical radiculitis and neuritis, lumbar myalgia, and lumbar myospasm. Treatment and diagnostic studies to date has included acupuncture, chiropractic therapy, medication regimen, physical therapy, x-rays, computed tomography, and magnetic resonance imaging, and nerve study. In an Orthopedic Evaluation note dated September 16, 2015 the treating physician reports complaints of pain to the neck and the left arm with radicular symptoms. Examination performed on September 16, 2015 was revealing for tenderness to the left cervical paravertebral muscles, the vertebral region, and the upper trapezius muscles; trigger points to the left upper trapezius, the splenius, and the levator scapulae muscles; positive foraminal compression testing on the left; decreased muscle strength to the cervical region with range of motion; decreased range of motion to the cervical spine with pain, decreased sensation to the left cervical six and seven dermatomes; trigger points to the lumbar paraspinal muscles bilaterally; decreased muscle strength to the lumbar region with range of motion; and decreased range of motion to the lumbar spine with pain. The evaluation on September 16, 2015 did not include any documentation of prior diagnostic studies or therapies. The evaluation from September 16, 2015 also did not indicate the injured worker's numeric pain level as rated on a visual analog scale. In a progress note from July 22, 2015, the treating physician noted prior acupuncture therapy, but did not indicate the quantity of prior acupuncture and if the injured worker experienced any functional improvement with activities of daily living or a decrease in his pain level as noted on a visual analog scale. The treating physician on July 22, 2015 also note prior physical therapy for

approximately 3 weeks with the quantity unknown and did not indicate if the injured worker experienced any functional improvement with activities of daily living or a decrease in his pain level as noted on a visual analog scale. On July 22, 2015 the treating physician included the results from magnetic resonance imaging to the cervical spine performed on April 14, 2012 that was noted to be "unremarkable" and x-rays of the upright cervical spine performed on March 19, 2015 that was revealing to be "unremarkable except for a slight loss of normal cervical lordosis". The progress note from July 22, 2015 did not include the results of the nerve study performed. On September 16, 2015 the treating physician requested a 3.0T magnetic resonance imaging of the cervical spine, electromyogram with nerve conduction velocity of the bilateral upper extremities, physical therapy three times a week for four weeks of the lumbar spine, and acupuncture two times a week for three weeks for the cervical spine, noting that the injured worker continues to have pain to the neck and low back. On September 24, 2015 the Utilization Review determined the requests for magnetic resonance imaging of the cervical spine, electromyogram with nerve conduction velocity of the bilateral upper extremities, physical therapy three times a week for four weeks for the lumbar spine, and acupuncture therapy two times a week for three weeks for the cervical spine to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: 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), Neck and Upper Back, MRI.

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

Decision rationale: Per ACOEM guidelines criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The IW has had MRI in the past however the results were not provided in the case file. The documentation shows that the IW has a left radiculopathy which is stable and there is no mention of possible surgery. The request is not medically necessary.

Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral upper extremities: 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), Neck and Upper Back, Electrodiagnostic studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck - Electrodiagnostic testing.

Decision rationale: Per ACOEM, EMG is not necessary "for the diagnosis of nerve root involvement if findings on history, physical examination and imaging are consistent." Per ODG guidelines EMG is recommended (needle, not surface) as an option in selected cases. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. There is clinical evidence of decreased sensation and strength in the C6 and C7 distributions on the left. Bilateral EMG is generally not necessary, but NCS may be necessary for comparison, depending on the results found on the affected side. If the NCS results are clearly abnormal, comparison is not necessary. If they are clearly normal, comparison is not necessary. However, if the results are borderline, the use of the unaffected side to get the closest measure of normal is appropriate. The request is not medically necessary and appropriate.

Physical therapy 3 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Physical Therapy.

Decision rationale: Physical therapy is recommended by MTUS for chronic pain if caused by musculoskeletal conditions. Direction from physical and occupational therapy providers can play a role in this, with the evidence supporting active therapy and not extensive use of passive modalities. ODG Physical Therapy Guidelines recommend 10 visits over 8 weeks. The request exceeds the guidelines with no notation of response to prior therapy and justification for additional therapy. The request is not medically necessary and appropriate.

Acupuncture therapy 2 times a week for 3 weeks for the cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck - acupuncture.

Decision rationale: Per ODG guidelines acupuncture is under study for upper back, but not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. The request is not medically necessary and appropriate.