

Case Number:	CM15-0200227		
Date Assigned:	10/15/2015	Date of Injury:	03/30/2015
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/13/2015

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 44-year-old who has filed a claim for chronic low back, elbow, hand, finger, and shoulder pain reportedly associated with an industrial injury of March 30, 2015. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve requests for 6 additional sessions of chiropractic manipulative therapy, electrodiagnostic testing of the bilateral upper extremities, and electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced a September 4, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 4, 2015 office visit, in parts handwritten, difficult to follow, and not entirely legible, the applicant reported multiple complaints of bilateral wrists, low back, neck, bilateral shoulder, and bilateral elbow pain. The note was very difficult to follow and not altogether legible. The applicant was asked to pursue 6 sessions of chiropractic manipulative therapy while remaining off of work, on total temporary disability. Naproxen was endorsed. The applicant was asked to consult a psychiatrist. Electrodiagnostic testing of bilateral upper and bilateral lower extremities were seemingly sought, without much in the way of supporting rationale or supporting commentary. It was not stated how (or if) said electrodiagnostic testing would influence or alter the treatment plan. On September 23, 2015, the applicant received a shoulder corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits, lumbar spine and bilateral shoulders, additional 2 times weekly for 3 weeks, 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: No, the request for 6 sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was placed off of work, on total temporary disability, on the September 4, 2015 office visit at issue. It did not appear that the applicant had profited appreciably from earlier manipulative therapy in unspecified amounts through the date of the request, September 4, 2015. Therefore, the request was not medically necessary.

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

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Electrodiagnostic testing - EMG (electromyography), NCS (nerve conduction study).

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: Similarly, the request for electrodiagnostic testing (EMG-NCV) of bilateral upper extremities was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend EMG testing to clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively or before an epidural steroid injection, here, however, the September 4, 2015 office visit was thinly and sparsely developed, handwritten, difficult to follow, not entirely legible, did not clearly state how (or if) the proposed electrodiagnostic testing would influence or alter the treatment plan. There was no mention of the applicant's considering or contemplating an epidural injection based on the outcome of the same. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 further notes that the routine usage of NCV or EMG testing in the evaluation of applicants with suspected nerve entrapment is deemed not recommended. Here, the fact that electrodiagnostic testing of bilateral upper and bilateral lower extremities were concurrently ordered strongly suggested that said testing had in fact been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.

EMG (electromyography)/ NCV (nerve conduction velocity), Bilateral Lower Extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic - NCS (nerve conduction studies).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Ankle and Foot Complaints 2004, Section(s): Summary.

Decision rationale: Similarly, the request for electrodiagnostic testing (EMG-NCV) of the bilateral lower extremities was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically-obvious radiculopathy. Here, the September 4, 2015 office was thinly and sparsely developed, handwritten, difficult to follow, and not entirely legible. It appeared that one of the listed diagnoses was lumbar strain with radiation of pain to the lower extremities. It appeared, thus, that the applicant did carry an established diagnosis of lumbar radiculopathy, seemingly obviating the need for the electrodiagnostic testing at issue. It was not stated how (or if) said electrodiagnostic testing would influence or alter the treatment plan, it is further noted. The MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies (AKA nerve conduction studies) for routine ankle and foot problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy is deemed "not recommended." Here, lumbar radiculopathy appeared to be the sole item on the differential diagnosis list as of the December 4, 2015 office visit at issue. There was no mention of the applicant carrying other possible diagnosis or suspected diagnosis such as tarsal tunnel syndrome, entrapment neuropathy, diabetic neuropathy, etc., which would have compelled the NCV component of the request. Since both the EMG and NCV components of the request were not indicated, the entire request was not indicated. Therefore, the request was not medically necessary.