

Case Number:	CM15-0201076		
Date Assigned:	10/16/2015	Date of Injury:	10/12/2013
Decision Date:	11/25/2015	UR Denial Date:	10/08/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 30 year old male, who sustained an industrial injury on 10-12-13. He reported neck and low back pain. The injured worker was diagnosed as having cervical, thoracic, and lumbar strain, possible cervical discopathy and radiculopathy, and possible lumbar discopathy and radiculopathy. Treatment to date has included physical therapy and an unknown number of acupuncture sessions. On 9-23-15 physical examination findings included palpable tenderness about the cervical paraspinal muscles. There were myospasms in the cervical paraspinal musculature. Full range of motion in the cervical spine was noted and no weakness in the upper extremities was noted. Sensation in bilateral upper extremities was intact. Tenderness was noted in the paralumbar musculature with muscle spasms. No weakness was noted in the lower extremities and sensation was intact. On 9-23-15, the injured worker complained of intermittent neck pain with radiation to the shoulder and associated numbness in the right upper extremity. Mid and low back pain was noted with radiation to bilateral lower extremities with tingling and numbness. On 9-28-15 the treating physician requested authorization for acupuncture 2x4 for the cervical, thoracic, and lumbar spines, electromyography and nerve conduction studies for the upper and lower extremities, and a lumbar brace. On 10-8-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for four weeks for the cervical, thoracic and lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant sustained a work injury in October 2013 with injury to the neck while lifting a countertop. He was seen for an initial evaluation by the requesting provider on 09/23/15. No medical records were available for review. There had been temporary benefit with therapy which had consisted of massage, adjustments, electrical stimulation, exercises, head pads, and acupuncture. He was having intermitted neck pain with right upper extremity radiating symptoms. He had constant mid and low back pain with bilateral lower extremity radiating symptoms and numbness and tingling. Pain was rated at 6-10/10. Physical examination findings included a body mass index over 30. There was cervical and lumbar tenderness with muscle spasms. There was decreased lumbar range of motion. There was a normal neurological examination including gait. Straight leg raising was to 70 degrees bilaterally. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the claimant has already had acupuncture treatments which were not reviewed in terms of the number of treatments provided and specific response to those treatments. The number of treatments requested is in excess of guideline recommendations. The request is not medically necessary.

Electromyography/Nerve Conduction Velocity upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back 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) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in October 2013 with injury to the neck while lifting a countertop. He was seen for an initial evaluation by the requesting provider on 09/23/15. No medical records were available for review. There had been temporary benefit with therapy which had consisted of massage, adjustments, electrical stimulation, exercises, head pads, and acupuncture. He was having intermitted neck pain with right upper extremity radiating symptoms. He had constant mid and low back pain with bilateral lower extremity radiating symptoms and numbness and tingling. Pain was rated at 6-10/10. Physical examination findings included a body mass index over 30. There was cervical and lumbar tenderness with muscle spasms. There was decreased lumbar range of motion. There was a normal neurological examination including gait. Straight leg raising was to 70 degrees bilaterally. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the

source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There is no documented neurological examination that would support the need for obtaining bilateral upper or lower extremity EMG or NCS testing at this time. This request is not medically necessary.

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

Decision rationale: The claimant sustained a work injury in October 2013 with injury to the neck while lifting a countertop. He was seen for an initial evaluation by the requesting provider on 09/23/15. No medical records were available for review. There had been temporary benefit with therapy which had consisted of massage, adjustments, electrical stimulation, exercises, head pads, and acupuncture. He was having intermittent neck pain with right upper extremity radiating symptoms. He had constant mid and low back pain with bilateral lower extremity radiating symptoms and numbness and tingling. Pain was rated at 6-10/10. Physical examination findings included a body mass index over 30. There was cervical and lumbar tenderness with muscle spasms. There was decreased lumbar range of motion. There was a normal neurological examination including gait. Straight leg raising was to 70 degrees bilaterally. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. This request is not medically necessary.