MAXIMUS Federal Services

Case Number:	CM15-0212100		
Date Assigned:	10/30/2015	Date of Injury:	12/13/2014
Decision Date:	12/17/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/28/2015

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: Physical Medicine & Rehabilitation

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 56 year old female who sustained an industrial injury on 12-13-2014. Medical records indicated the worker was treated for a repetitive motion injury, stress, and anxiety due to her job duties. In the provider notes of 09-17-2015, the injured worker complains of severe worsening back pain that increases with movement and decreases with rest. The pain radiates into her groin and down her legs. She also complains of urinary incontinence. Current medications include tramadol, omeprazole, and Prozac. The worker complains of increasing pain related anxiety depression and insomnia, but denies suicidal ideation. On exam, she is in slight distress. She moves cautiously with an antalgic gait and appears somewhat depressed. The thoracolumbar spine has normal kyphosis, normal lordosis. She has tenderness to palpation with spasm of the lumbar paraspinals and tenderness to palpation of the bilateral sacroiliacs. Her range of motion is limited secondary to pain. She has hypoesthesia of the bilateral lateral thighs. She has a positive sitting root and straight leg raise. Patellar L4 and Achilles S1 reflexes are equal and symmetrical. The plan of care includes chiropractic treatment with supervised physiotherapy, acupuncture, a MRI of the lumbar spine, and Electromyogram, nerve conduction velocity of the bilateral lower extremities. A request for authorization was submitted for: 1. 12 Acupuncture therapy sessions for the cervical spine, Lumbar Spine and Bilateral Wrists 2. Electromyography and Nerve Conduction Velocity studies of the Bilateral Upper Extremities 3. 12 Chiropractic Physiotherapy sessions for the Lumbar Spine. A utilization review decision 10- 19-2015 non-certified the request for-12 Acupuncture therapy sessions for the cervical spine, Lumbar Spine and Bilateral Wrists- 12 Chiropractic Physiotherapy sessions for the Lumbar Spine- Electromyography and Nerve Conduction Velocity studies of the Bilateral Upper Extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture therapy sessions for the cervical spine, Lumbar Spine and Bilateral Wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Based on the 09/17/15 progress report provided by treating physician, the patient presents with low back pain that radiates into the groin and legs. The patient is status post left wrist/hand surgery, on unspecified date. The request is for 12 acupuncture therapy sessions for the cervical spine, lumbar spine and bilateral wrists. Patient's diagnosis per Request for Authorization form dated 09/17/15 includes Sprain of ligaments of cervical spine, Sprain of lumbosacral joint ligament, and sprains and strains of wrist. The patient has an antalgic gait. Physical examination of the lumbar spine on 09/17/15 revealed spasm and tenderness to palpation to the paraspinal muscles and bilateral sacroiliacs. Range of motion was limited. Positive Sitting Root and straight leg raise tests. Hypoesthesia noted to the bilateral thighs. Treatment to date has included imaging studies, physical therapy, chiropractic and medications. Patient's medications include Cyclobenzaprine, Naproxen, Duloxetine, and Pantoprazole. The patient may work modified-duty, per 09/17/15 report. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Per 09/17/15 sole report provided, treater states the patient "...just started the therapy and acupuncture and it does help somewhat." Given patient's diagnosis and continued symptoms, a short course of acupuncture would appear to be reasonable. MTUS guidelines specify 3 to 6 acupuncture treatments initially, with additional sessions contingent on documented functional improvement. In this case, treater has not provided a precise treatment history, nor provided documentation of treatment efficacy. Given the lack of documentation of functional improvement as required by MTUS, additional 12 sessions of acupuncture cannot be warranted. Therefore, the request is not medically necessary.

Electromyography and Nerve Conduction Velocity studies of the Bilateral Upper Extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2015, Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back (acute and chronic) Chapter under EMG.

Decision rationale: Based on the 09/17/15 progress report provided by treating physician, the patient presents with low back pain that radiates into the groin and legs. The patient is status post left wrist/hand surgery, on unspecified date. The request is for electromyography and nerve conduction velocity studies of the bilateral upper extremities. Patient's diagnosis per Request for Authorization form dated 09/17/15 includes Sprain of ligaments of cervical spine, Sprain of lumbosacral joint ligament, and sprains and strains of wrist. The patient has an antalgic gait. Physical examination to the lumbar spine on 09/17/15 revealed spasm and tenderness to palpation to the paraspinal muscles and bilateral sacroiliacs. Range of motion was limited. Positive Sitting Root and straight leg raise tests. Hypoesthesia noted to the bilateral thighs. Treatment to date has included imaging studies, physical therapy, chiropractic and medications. Patient's medications include Cyclobenzaprine, Naproxen, Duloxetine, and Pantoprazole. The patient may work modified-duty, per 09/17/15 report. MTUS/ACOEM Practice Guidelines, Chapter 11, Wrist Complaints, page 260-262 states: "Appropriate electrodiagnostic studies - EDS - may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies - NCS-, or in more difficult cases, electromyography -EMG- may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." ODG Guidelines, Neck and upper back (acute and chronic) Chapter under EMG states "recommended as an option in select cases. ODG further states regarding EDS in carpal tunnel syndrome, recommended in patients with clinical signs of CTS and may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary." Treater has not discussed the request. NCV/EMG studies are utilized to differentiate between carpal tunnel syndrome and cervical radiculopathy. The patient has a diagnosis of carpal tunnel syndrome and is status post left wrist/hand surgery. Electrodiagnostic studies would be indicated and could provide a clearer picture of this patient's underlying pathology. Provided medical records do not show evidence of prior upper extremity EMG/NCV studies done. This request appears reasonable and in accordance with guidelines. Therefore, the request for EMG left upper extremity is medically necessary.

12 Chiropractic Physiotherapy sessions for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 09/17/15 progress report provided by treating physician, the patient presents with low back pain that radiates into the groin and legs. The patient is status post left wrist/hand surgery, on unspecified date. The request is for 12 chiropractic physiotherapy sessions for the lumbar spine. Patient's diagnosis per Request for Authorization

form dated 09/17/15 includes Sprain of ligaments of cervical spine, Sprain of lumbosacral joint ligament, and sprains and strains of wrist. The patient has an antalgic gait. Treatment to date has included imaging studies, physical therapy, chiropractic and medications. Patient's medications include Cyclobenzaprine, Naproxen, Duloxetine, and Pantoprazole. The patient may work modified-duty, per 09/17/15 report. MTUS guidelines, Manual therapy and Manipulation section, pages 58-59, recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/ flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. Treater is requesting chiropractic for the lumbar spine. Per 09/17/15 sole report provided, treater states the patient "...just started the therapy and acupuncture and it does help somewhat." Physical examination of the lumbar spine on 09/17/15 revealed spasm and tenderness to palpation to the paraspinal muscles and bilateral sacroiliacs. Range of motion was limited. Positive Sitting Root and straight leg raise tests. Hypoesthesia noted to the bilateral thighs. Given patient's diagnosis and continued symptoms, a short course of chiropractic would appear to be reasonable. However, treater has not provided a precise treatment history, nor documented how the prior chiropractic sessions impacted the patient's pain and function. Given the lack of documentation of functional improvement as required by MTUS, additional 12 sessions of chiropractic therapy cannot be warranted. Therefore, the request is not medically necessary.