

Case Number:	CM15-0222009		
Date Assigned:	11/17/2015	Date of Injury:	08/14/2012
Decision Date:	12/30/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/10/2015

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, Hawaii

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 52 year old male who sustained an industrial injury on 8-14-12. The injured worker reported pain in the neck and shoulder. A review of the medical records indicates that the injured worker is undergoing treatments for cervical spine discopathy; rule out rotator cuff tear in the left shoulder. Medical records dated 9-9-15 indicate pain rated at 5 out of 10. Provider documentation dated 9-9-15 noted the work status as working and "may continue to do so". Treatment has included Tylenol, physical therapy, left shoulder magnetic resonance imaging (5-21-15), Flurbiprofen-capsaicin transdermal and acupuncture treatment. Objective findings dated 9-9-15 were notable for paracervical musculature with midline tenderness, spasm and reduces range of motion, overhead reach noted to be "weak with mild rotator cuff impingement syndrome." The original utilization review (10-26-15) partially approved a request for Eight (8) sessions of acupuncture for the neck and shoulders, One (1) electromyography-nerve conduction velocity study of the upper extremities, and One (1) MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of acupuncture for the neck and shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with pain affecting the neck and shoulders. The current request is for Eight (8) sessions of acupuncture for the neck and shoulders. The treating physician report dated 10/30/15 (17B) states; we have authorization for four visits of acupuncture. Review of the Acupuncture Medical Treatment Guidelines (AMTG) supports acupuncture for 3-6 treatments and treatments may be extended if functional improvement is documented. The guidelines go on to state Frequency: 1 to 3 times per week, Optimum duration: 1 to 2 month. The medical reports provided show the patient was authorized for four acupuncture treatments for the neck and shoulders. In this case, the current request of 8 visits does not satisfy the AMTG guidelines as it only supports treatment beyond 3-6 visits if functional improvement is documented. There is no documentation found that additional acupuncture is medically necessary based on functional improvement from the previously authorized acupuncture. Furthermore, there is no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the AMTG guidelines. The current request is not medically necessary.

One (1) EMG/NCV study of the upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Diagnostic Criteria, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, Electromyography; ODG, Neck and Upper Back, Nerve conduction studies.

Decision rationale: The patient presents with pain affecting the neck and shoulders. The current request is for One (1) EMG/NCV study of the upper extremities. The treating physician report dated 9/30/15 (27B) states, he still has neck and right upper extremity radiating pain. The MTUS guidelines do not address the current request. The ACOEM guidelines state, Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. Repeat studies, test may be repeated later in the course of treatment if symptoms persist. The medical reports provided do not show that the patient has received prior EMG or NCV studies previously. In this case, the patient presents with worsening neck pain with radiation down the right upper extremity that has persisted for longer than 3-4 weeks. The current request is medically necessary.

One (1) MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Neck, MRI.

Decision rationale: The patient presents with pain affecting the neck and shoulders. The current request is for One (1) MRI of the cervical spine. The treating physician report dated 9/30/15 (29B) states, Cervical spine discopathy per MRI scan. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding MRIs of the cervical spine: Not recommended except for indications list below. The guidelines go on to state, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the patient has received at least 1 prior MRI of the cervical spine in 2015. There was no rationale by the physician in the documents provided that suggests the patient's symptoms or pathology has dramatically changed since the patient's last MRI. The current request is not medically necessary as repeat MRIs are only supported by the ODG guidelines if there is documentation of a significant change in symptoms or pathology. The current request is not medically necessary.