

Case Number:	CM15-0034312		
Date Assigned:	03/02/2015	Date of Injury:	07/17/2014
Decision Date:	04/14/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 54 year old male, who sustained an industrial injury on 7/17/14. On 2/23/15, the injured worker submitted an application for IMR for review of Physical therapy 2 times a week for 6 weeks to bilateral upper extremities, and Physical therapy 1 time a week for 6 weeks to the thoracic spine, and Acupuncture 1 time a week for 6 weeks for lumbar and thoracic, and MRI lumbar spine, and Electromyography/nerve conduction velocity of bilateral upper extremities. The treating provider has reported the injured worker complained of pain in the neck, mid and upper back with bilateral shoulder, bilateral hips, bilateral knees and right ankle pain. The diagnoses have included lumbar sprain; thoracic sprain; shoulder sprain; cervical, thoracic and lumbosacral musculoligamentous sprain/strain with radiculitis; bilateral shoulder sprain/strain - impingement syndrome; bilateral elbow sprain/strain; bilateral knee sprain/strain; bilateral ankle sprain/strain; depression situational; sleep disturbance secondary to pain. Treatment to date has included physical therapy (x21); occupational therapy (x21); acupuncture; CT brain, cervical spine and chest (6/10/09); EMG/NCV bilateral upper extremities. On 1/24/15 Utilization Review non-certified Physical therapy 2 times a week for 6 weeks to bilateral upper extremities, and Physical therapy 1 time a week for 6 weeks to the thoracic spine, and Acupuncture 1 time a week for 6 weeks for lumbar and thoracic, and MRI lumbar spine, and Electromyography/nerve conduction velocity of bilateral upper extremities. The MTUS and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks to bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG - Preface, Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS), functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The primary treating physician's progress report dated 1/29/15 documented no neurologic abnormalities on physical examination. The 1/29/15 progress report documented that the patient has completed 19 sessions of PT physical therapy and 6 sessions of acupuncture. No functional improvement with past physical therapy and acupuncture treatments. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Because no functional improvement was documented, the request was for additional physical therapy visits is not supported by MTUS & ODG guidelines. Therefore, the request for additional physical therapy visits is not medically necessary.

Physical therapy 1 time a week for 6 weeks to the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG - Preface, Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are

recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS), functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The primary treating physician's progress report dated 1/29/15 documented no neurologic abnormalities on physical examination. The 1/29/15 progress report documented that the patient has completed 19 sessions of PT physical therapy and 6 sessions of acupuncture. No functional improvement with past physical therapy and acupuncture treatments. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Because no functional improvement was documented, the request was for additional physical therapy visits is not supported by MTUS & ODG guidelines. Therefore, the request for additional physical therapy visits is not medically necessary.

Acupuncture 1 time a week for 6 weeks for lumbar and thoracic: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173-175, 300, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute - Neck and upper back (acute & chronic) <http://www.guideline.gov/content.aspx?id=47589>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. The time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Per MTUS, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that acupuncture has not been found effective in the management of back pain, based on several high-quality studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints (Pages 173-175) states that invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. There is no high-grade scientific evidence to support the effectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Work Loss Data Institute guideline for the neck and upper back (acute & chronic) indicates that acupuncture for upper back and neck pain is not recommended. The primary treating physician's progress report

dated 1/29/15 documented no neurologic abnormalities on physical examination. The 1/29/15 progress report documented that the patient has completed 19 sessions of PT physical therapy and 6 sessions of acupuncture. No functional improvement with past physical therapy and acupuncture treatments. ACOEM guidelines indicate that acupuncture is not recommended for low back conditions. ACOEM and Work Loss Data Institute guideline indicate that acupuncture is not recommended for neck conditions. MTUS Acupuncture Medical Treatment Guidelines state that the time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Because no functional improvement was documented, the request for additional acupuncture treatments exceeds MTUS guideline recommendations and is not supported by MTUS guidelines. Therefore, the request for acupuncture is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The primary treating physician's progress report dated 1/29/15 documented no neurologic abnormalities on physical examination. Neurologic deficit was not documented on physical examination. No evidence of cauda equina, tumor, infection, or fracture was documented. The request for lumbar MRI magnetic resonance imaging is not supported by MTUS & ACOEM guidelines. Therefore, the request for MRI of the lumbar spine is not medically necessary.

Electromyography/nerve conduction velocity of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Electrodiagnostic testing (EMG/NCS). Work Loss Data Institute - Neck and upper back (acute & chronic)
<http://www.guideline.gov/content.aspx?id=47589> American Association of Neuromuscular &

Electrodiagnostic Medicine (AANEM) http://www.aanem.org/getmedia/6513fe50-8b94-4d12-b6a9-249aca7cdb92/Recommended_Policy_EDX_Medicine_062810.pdf.aspx.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses nerve conduction studies (NCS). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints (Page 178) states that nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction. Work Loss Data Institute guideline for the neck and upper back (acute & chronic) states that nerve conduction studies (NCS) are not recommended. ACOEM 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that EMG electromyography for diagnosis of nerve involvement, if findings of history, physical exam, and imaging study are consistent, is not recommended. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) state that EMG is not necessary for the diagnosis of intervertebral disk disease with radiculopathy. Official Disability Guidelines (ODG) Pain (Chronic) indicates that electrodiagnostic testing (EMG/NCS) are recommended depending on indications. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms. American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) indicates that electrodiagnostic medicine (EDX) studies can provide information to identify normal and abnormal nerve, muscle, motor or sensory neuron, and neuromuscular junction functioning. The primary treating physician's progress report dated 1/29/15 documented no neurologic abnormalities on physical examination. Because neurologic deficit was not documented on physical examination, the request for electrodiagnostic studies is not supported. Without neurological compromise, the request for electromyography (EMG) and nerve conduction velocity (NCV) is not supported by MTUS, ACOEM, AANEM, ODG & Work Loss Data Institute guidelines. Therefore, the request for electromyography (EMG) and nerve conduction velocity (NCV) of bilateral upper extremities is not medically necessary.