

Case Number:	CM15-0081864		
Date Assigned:	05/04/2015	Date of Injury:	08/17/2012
Decision Date:	09/14/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/28/2015

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: New York
 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 62 year old female, who sustained an industrial injury on 08/17/2012. She reported the sudden onset of neck pain that radiated to her low back, later followed by neck pain, headaches, bilateral hand pain and numbness. Treatment to date has included medications, acupuncture, physical therapy, chiropractic care and a MRI of the cervical and lumbar spine. Medications tried and failed included Soma, Ultram, Amitriptyline, Nortriptyline, Sumatriptan, Hydrocodone and Gabapentin. According to a progress report dated 04/01/2015, the injured worker complained of neck pain, thoracic pain, low back pain, sharp pains in her legs, bilateral shoulder pain, cramping sensation in her hands and numbness in her hands and legs with a tingling sensation. Hand pain sometimes woke her up at night. At times the fingers on her right hand would get stuck. Current medication regimen included natural supplements, aspirin, Motrin and Tylenol with Codeine. Diagnoses included chronic neck pain, chronic low back pain, lumbar degenerative disc disease, lumbar spondylosis, anterolisthesis of L4 on L5, cervical degenerative disc disease and cervical spondylosis and chronic pain syndrome. Treatment plan included acupuncture, aquatic physical therapy, electrodiagnostic studies and a psychological consultation. Currently under review is the request for aquatic therapy, acupuncture, electromyography of the bilateral upper and lower extremities, nerve conduction velocity studies of the bilateral upper and lower extremities, psychological consultation and cognitive behavioral therapy x 5 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy (2 x 3) cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Therapy; Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Exercise, Physical Medicine Page(s): 22, pg 46, pg 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Aquatic therapy, Low Back Chapter.

Decision rationale: MTUS states that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. A therapeutic exercise program is recommended at the start of any treatment or rehabilitation program, unless exercise is contraindicated. MTUS and ODG guidelines recommend 10 physical therapy visits over 8 weeks for medical management of Lumbar sprains and strains and Intervertebral disc disorders without myelopathy. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency (from up to 3 or more visits per week to 1 or less). MTUS recommends aquatic therapy (including swimming) as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, for example extreme obesity, being that it can minimize the effects of gravity. There may be advantages to weightless running in back pain recovery. Per guidelines, the treatment should be monitored and administered by medical professionals. The injured worker complains of ongoing neck and back pain, with no objective report of significant improvement in physical function with previous acupuncture and physical therapy. Documentation fails to demonstrate a clinical need for reduced weight bearing to establish the medical necessity for an optional form of exercise therapy. The request for Aquatic therapy (2 x 3) cervical and lumbar spine is not medically necessary by MTUS.

Acupuncture (2 x 6) of the cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: MTUS states that Acupuncture has not been found to be effective in the management of back pain and is only recommended when used as an adjunct to active physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines recommend Initial trial of 3-4 visits over 2 weeks. With evidence of reduced pain, medication use and objective functional improvement, total of up to 8-12 visits over 4-6 weeks. MTUS does not recommend acupuncture for the treatment of neck pain. Documentation shows that the injured worker complains of chronic neck and low back pain with no objective report of significant

improvement in physical function with previous acupuncture and physical therapy. The medical necessity for additional manual therapy has not been established. The request for Acupuncture (2 x 6) of the cervical and lumbar spine is not medically necessary based on the MTUS.

EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter, Electromyography Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Electrodiagnostic studies (EDS), Electromyography (EMG).

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electrodiagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery, but the addition of electromyography (EMG) is not generally necessary. Documentation reveals that the injured worker complains of chronic neck pain and bilateral hand numbness and tingling, with diagnosis of cervical degenerative disc disease and cervical spondylosis. Physician report indicates decreased light touch in the right middle and 5th fingers on clinical examination. Documentation fails to show that the injured worker has received prior conservative treatment such as bracing, or that surgery is being considered. Furthermore, ODG recommends EMG only in cases where diagnosis is difficult with nerve conduction studies (NCS), such as when defining whether neuropathy is of demyelinating or axonal type. The medical necessity for electrodiagnostic studies has not been established. The request for EMG of the bilateral upper extremities is not medically necessary per guidelines.

NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter-Electrodiagnostic Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Electrodiagnostic studies (EDS), Nerve conduction studies (NCS).

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate

between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends nerve conduction studies (NCS) in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery.

Documentation reveals that the injured worker complains of chronic neck pain and bilateral hand numbness and tingling, with diagnosis of cervical degenerative disc disease and cervical spondylosis. Physician report indicates decreased light touch in the right middle and 5th fingers on clinical examination. Documentation fails to show that the injured worker has received prior conservative treatment such as bracing, or that surgery is being considered. Although NCS of the right upper extremity may be reasonable, there is lack of evidence of focal neurologic findings in the left hand to establish the medical necessity for electrodiagnostic testing. The request for NCS of the bilateral upper extremities is not medically necessary per guidelines.

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Electromyography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: MTUS states that Electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks, and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMGs are not necessary if radiculopathy is already clinically obvious. Documentation indicates that the injured worker complains of chronic low back pain and bilateral lower extremity numbness, with diagnosis of lumbar degenerative disc disease, lumbar spondylosis and anterolisthesis. In the presence of radiculopathy, EMG testing is not clinically indicated. The request for EMG of the bilateral lower extremities is not medically necessary by MTUS.

NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Nerve conduction studies (NCS).

Decision rationale: ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Furthermore, guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Documentation indicates that the injured worker complains of chronic low back pain and bilateral lower extremity numbness, with diagnosis of lumbar degenerative disc disease, lumbar spondylosis and anterolisthesis. The request for NCS of the bilateral lower extremities is not medically necessary by MTUS.

Psychological consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations and treatment Page(s): 100.

Decision rationale: Per MTUS guidelines, Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. If pain is sustained in spite of continued therapy, including psychological care, intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. Documentation fails to indicate that the injured worker has a mental health diagnoses or level of pain severe and persistent enough to warrant Psychological services. With MTUS guidelines not being met, the request for Psychological consultation is not medically necessary.

Cognitive behavioral therapy x 5 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychological Treatment.

Decision rationale: Per guidelines, the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Initial trial of 3-4 psychotherapy visits over 2 weeks is recommended for patients who show no progress after 4 weeks of physical medicine alone. ODG recommends up to 13-20 visits over 7-20 weeks of individual sessions, if progress is being made as indicated by evidence of objective functional improvement. Per guidelines, the provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Documentation fails to indicate that the injured worker has a mental health diagnoses or level of

pain severe and persistent enough to establish the medical necessity for Psychological services. The request for Cognitive behavioral therapy x 5 visits is not medically necessary by lack of meeting MTUS or ODG guidelines.