

Case Number:	CM14-0123417		
Date Assigned:	08/08/2014	Date of Injury:	03/22/2002
Decision Date:	10/14/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59-year-old female with a 3/22/02 date of injury. A specific mechanism of injury was not described. According to a handwritten and mostly illegible progress report dated 6/27/14, the patient complained of neck pain with radiation to the bilateral upper extremities and hands. Objective findings: illegible. Diagnostic impression: cervical disc degeneration, cervical disc displacement, cubital tunnel syndrome. Treatment to date: medication management, activity modification. A UR decision dated 7/10/14 denied the requests for acupuncture, EMG bilateral upper extremities, and NCV bilateral upper extremities. Regarding acupuncture, there was no indication that the claimant has been actively seeking physical rehabilitation or surgical intervention for the noted injuries. As such, the claimant has not met the criteria for acupuncture. Regarding EMG/NCV of the bilateral upper extremities, the neurologic exams were normal: motor, sensory, and reflex testing were all normal. The lumbar spine MRI showed minimal abnormalities to normal findings. There was no rationale to believe that any radiculopathy or peripheral neuropathy conditions exist. Treatment to date: medication management, activity modification. A UR decision dated 7/10/14 denied the requests for acupuncture, EMG bilateral upper extremities, and NCV bilateral upper extremities. Regarding acupuncture, there was no indication that the claimant has been actively seeking physical rehabilitation or surgical intervention for the noted injuries. As such, the claimant has not met the criteria for acupuncture. Regarding EMG/NCV of the bilateral upper extremities, the neurologic exams were normal: motor, sensory, and reflex testing were all normal. The lumbar spine MRI showed minimal abnormalities to normal findings. There was no rationale to believe that any radiculopathy or peripheral neuropathy conditions exist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 10 Cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics Page(s): 1. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page 114

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. There is no documentation in the records provided for review that the patient has had previous acupuncture treatment. However, this request is for 10 sessions. Guidelines only support up to 3 - 6 treatments as an initial trial. Therefore, the request for Acupuncture 1 x 10 Cervical are not medically necessary.

Electromyography (EMG) bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, Chronic Pain Treatment Guidelines Elbow Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The most recent progress report provided for review was illegible. There was no documentation of bilateral upper extremity neurological issues. The subjective numbness and tingling does not constitute radiculopathy or peripheral neuropathy, as there was no detailed provocative testing for confirmation. In addition, there was no documentation that the patient has failed conservative therapy. Therefore, the request for Electromyography (EMG) Bilateral Upper Extremities is not medically necessary.

Nerve Conduction Studies (NCV) bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, Chronic Pain Treatment Guidelines Elbow Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The most recent progress report provided for review was illegible. There was no documentation of bilateral upper extremity neurological issues. The subjective numbness and tingling does not constitute radiculopathy or peripheral neuropathy, as there was no detailed provocative testing for confirmation. In addition, there was no documentation that the patient has failed conservative therapy. Therefore, the request for Nerve Conduction Studies (NCV) Bilateral Upper Extremities is not medically necessary.