

Case Number:	CM14-0133616		
Date Assigned:	08/22/2014	Date of Injury:	11/29/2012
Decision Date:	09/24/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/18/2014

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 Orthopedic Surgery 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 30-year-old female with a 11/29/12 date of injury. The mechanism of injury was not noted. According to a progress note dated 6/30/14, the patient complained of upper back pain that radiated to her left shoulder and left arm. There was no numbness or tingling sensation. She also complained of worsening low back pain on the left side that radiated to her left leg with numbness and tingling sensation. She stated that her pain was well-controlled with medications. Therapy and acupuncture helped decrease her pain temporarily. An MRI of the lumbar spine dated 8/6/14 was normal. Objective findings: tenderness to palpation with spasms of upper trapezius muscles bilaterally, tenderness to palpation with spasms of the paraspinals, tenderness to palpation of the left sacroiliac, pinwheel sensory dermatomes C5 through T1 are intact, pinwheel sensory dermatomes L1 through S1 are intact, tenderness to palpation with spasms of left upper trapezius muscle and left acromioclavicular joint. Diagnostic impression: cervical spine sprain/strain with myospasms, lumbar spine sprain/strain with radiculitis, left shoulder sprain/strain. Treatment to date: medication management, activity modification, acupuncture. A UR (utilization review) decision dated 7/15/14 denied the requests for 12 sessions of chiropractic treatment, 12 sessions of acupuncture, EMG of bilateral lower extremities, and NCV of bilateral lower extremities. The review indicates regarding chiropractic treatment, the number of visits completed to date is unknown. This request for chiropractic care two times a week for the next six weeks is outside of guideline recommendations. Regarding acupuncture, the records show that acupuncture therapy has been ongoing and provides no objective documentation evidencing functional gains with the prior treatment provided is noted. Additionally, the record does not reference the number of active treatment sessions that have been provided. Therefore, it cannot be determined whether or not the request falls within the guideline parameters. Regarding EMG/NCV of bilateral lower extremities, the records indicate that an MRI has been requested.

In this setting, with diffuse weakness throughout body regions, no focal neurologic deficits, and pending MRI studies, there would be no clinical indication to proceed with EMG/NCV studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment with physiotherapy and myofascial release, #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic care and chiropractic physiotherapy Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Low Back Page(s): 58.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits are supported. In addition, elective/maintenance care is not medically necessary. It is noted that the patient suffers from radiating pain associated with numbness and tingling sensation. Guidelines do not support chiropractic treatment for pain with radiculopathy. In addition, it is unclear if the patient has had prior chiropractic treatment. Guidelines only support an initial trial of 6 treatments, and this is a request for 12 treatments, which exceed guideline recommendations. Therefore, the request for Chiropractic treatment with physiotherapy and myofascial release #12 is not medically necessary.

Acupuncture #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, 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 6 (page 114).

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. It is documented that the patient has had prior acupuncture treatment however the number of completed sessions was not noted. Therefore, it is unclear if 12 additional sessions would exceed guideline recommendations. In addition, there is no documentation of functional gains, significant pain reduction, or improvement in activities of daily living as a result of the completed acupuncture treatments. Therefore, the request for Acupuncture #12 was not medically necessary.

EMG bilateral lower extremities: Overturned

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,Chronic Pain Treatment Guidelines Low Back Chapter - EMG/NCV.

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The patient has complaints of radiating upper and lower back pain. An MRI study of the lumbar spine was completed on 8/6/14 and was normal. Guidelines support EMG testing to establish the cause of radiculopathy. Therefore, the request for EMG bilateral lower extremities was medically necessary.

NCV bilateral lower extremities: Overturned

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,Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG/NCV.

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The patient has complaints of radiating upper and lower back pain. An MRI study of the lumbar spine was completed on 8/6/14 and was normal. Guidelines support EMG testing to establish the cause of radiculopathy. Therefore, the request for NCV bilateral lower extremities was medically necessary.