

Case Number:	CM14-0139577		
Date Assigned:	09/05/2014	Date of Injury:	06/20/2013
Decision Date:	10/09/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal 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:

The injured worker is a 33 year old female with a reported date of injury on 06/20/2014. The mechanism of injury Occurred while performing a facial massage and she felt a pop. The diagnoses included sprain and strain of the neck, thoracic and lumbar region. The past therapies included 12 sessions of acupuncture and 7 sessions of physical therapy. It was noted that her neck pain would be decreased by 30% after each session and would last for a few days. The MRI of the lumbar spine performed on 09/16/2014 was noted to reveal no focal disc herniation, canal stenosis, or neural foraminal narrowing. There was no surgical history noted in the records. The subjective complaints on 07/15/2014 included low back pain. The physical examination noted spasm and guarding to the lumbar spine with a negative straight leg raise. The lumbar spine range of motion included flexion at 50 degrees, extension at 10 degrees. The motor strengths in bilateral lower extremities were rated 5/5. The medications were not provided for review. The treatment plan was to order an MRI of the thoracic spine, EMG of the bilateral lower extremities, and acupuncture therapy. The EMG was requested to rule out any nerve damage and the acupuncture was requested for the cervical spine as she was noted to have increased range of motion and reduced pain with previous acupuncture treatment. The rationale for the MRI of the thoracic spine was not specified. The request for authorization form was dated 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist and hand; Electrodiagnostic studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for EMG of the bilateral lower extremities is not medically necessary. The California MTUS/ACOEM Guidelines electromyography, including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The injured worker has chronic back pain that radiates to bilateral lower extremities. The physical exam revealed motor strengths in bilateral lower extremities were rated 5/5. There was a lack of adequate documentation regarding radiculopathy symptoms in the physical examination such as decreased sensation, weakness in a myotomal distribution, diminished deep tendon reflexes, and a positive straight leg raise. In the absence of nonspecific evidence of radiculopathy, the request is not supported by the guidelines. As such, the request is not medically necessary.

Acupuncture to treat the cervical spine, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture to treat the cervical spine, 12 sessions not medically necessary. The California Acupuncture Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and treatments may be extended if functional improvement is documented. The injured worker presents with chronic right shoulder pain and neck pain. The notes indicate that the patient has already completed 12 sessions of acupuncture. It was noted that she had neck pain decreased by 30% after each session and relief would last for a few days. However there was no objective measurable functional improvement documented in the notes from the previous 12 sessions. In the absence of objective measurable functional improvement continued sessions cannot be supported by the guidelines. As such, the request is not medically necessary.

MRI of the thoracic spine: 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 (ODG), Low back, Lumbar and thoracic (Acute & Chronic), MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for MRI of the thoracic spine is not medically necessary. The California MTUS/ACOEM Guidelines state in regard to MRIs unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The guidelines also state that true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The injured worker has right shoulder and neck pain. There is a lack of documentation in regard to tried and failed conservative care and the duration of the symptoms, as well as significant neurological deficits. There was no evidence of red flags documented in the notes. Additionally the rationale is not clear as to why the MRI is being requested. As there was no documentation of failed conservative care and no clear red flags documented in the notes the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.