

Case Number:	CM14-0089782		
Date Assigned:	09/10/2014	Date of Injury:	11/08/2013
Decision Date:	10/14/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/13/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for neck pain reportedly associated with an industrial injury of November 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; functional capacity evaluation; unspecified amounts of extracorporeal shock wave therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 24, 2014, the claims administrator partially certified a request for 12 sessions of acupuncture as six sessions of the same, denied a cervical MRI, denied a thoracic MRI, denied a request for localized intense neurostimulation therapy, denied a sensory nerve conduction study, conditionally denied extracorporeal shock wave therapy, conditionally denied a psychiatry evaluation, and conditionally denied a TENS-EMS unit. The applicant's attorney subsequently appealed. In a May 9, 2014 progress note, the applicant apparently received extracorporeal shock wave therapy to the mid back region. On June 2, 2014, additional extracorporeal shock wave therapy to the mid back region was performed. In a May 1, 2014 Doctor's First Report (DFR), the applicant had apparently transferred care to a new primary treating provider (PTP), reporting multifocal pain complaints following a motor vehicle accident. The note was handwritten, sparse, and difficult to follow. The applicant was apparently given diagnosis of post concussion syndrome, psychological stress, and contusions of the neck, mid back, and low back. MRI imaging of the cervical and thoracic spines was sought, along with extracorporeal shock wave therapy, 12 sessions of acupuncture, functional capacity testing, and a TENS-EMS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the claims administrator's reporting of events, the request in question represents a first-time request for acupuncture. As noted in MTUS 9792.24.1.c.1, however, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. The request, thus, as written represents introduction of acupuncture at a rate two to four times MTUS parameters. The attending provider has not proffered any compelling applicant-specific rationale which would support treatment this far in excess of that suggested in MTUS 9792.24.1.c.1. Therefore, the request is not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI imaging of the cervical spine is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, there is no evidence that any kind of invasive procedure involving the cervical spine is being contemplated. There is no evidence that the applicant is a surgical candidate insofar as the cervical spine is concerned. There is no evidence that the applicant is contemplating any kind of invasive procedure involving the cervical spine. The progress note provided, furthermore, failed to outline any evidence of nerve root compromise referable to the cervical spine, either historically or on exam. Therefore, 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 Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI is "recommended" to validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there is no clear or compelling evidence of nerve root compromise referable to the cervical spine present here. The history and physical exam findings do not point to any focal neurologic compromise involving the thoracic spine. There is no evidence that the applicant would act on the results of the request in question and/or consider a surgical remedy were it offered. Therefore, the request is not medically necessary.

Unknown Localized Intense Neurostimulation Therapy (LINT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Percutaneous Neuromodulation Therapy topic. Page(s): 98.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, percutaneous neuromodulation therapy is deemed "not recommended" and "investigational." No rationale for selection of this particular modality in the face of the unfavorable MTUS position on the same was proffered by the attending provider. Therefore, the request is not medically necessary..

1 Voltage Nerve Conduction Threshold (VSNCT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Academy of Neurology (AAN) and the American Association of Electrodiagnostic Medicine (AAEM), Voltage Actuated Sensory Nerve Conduction (testing), See Current perception threshold (CPT), Current perception threshold (CPT) testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 272..

Decision rationale: The request in question appears to represent a form of nerve conduction testing, although, as with the other request, this was not clearly elaborated upon in the progress note provided. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, however, routine usage of NCV testing for diagnostic evaluation purposes without any intention of acting on the results of the same is deemed "not recommended." In this case, the attending provider's handwritten progress note failed to outline any compelling rationale or basis for the nerve conduction testing in question. It was not stated what was sought. It was not stated what was suspected. Therefore, the request is not medically necessary.