

Case Number:	CM14-0211438		
Date Assigned:	12/24/2014	Date of Injury:	04/12/2013
Decision Date:	03/24/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: California, Indiana, 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 43 year old female, who sustained an industrial injury on April 12, 2013, from a work-related motor vehicle accident. She has reported immediate onset of neck and low back pain. The diagnoses have included acute cervical sprain/strain, acute thoracic sprain/strain, acute lumbar sprain/strain, symptoms of posttraumatic stress disorder (PTSD), left shoulder pain, left wrist and hand pain, and sensation loss in an ulnar distribution. Treatment to date has included chiropractic treatments, and medications. Currently, the injured worker complains of left shoulder, lumbar spine pain, and left neck pain. The Primary Treating Physician's report dated November 10, 2014, noted tenderness and tightness along the left neck and trapezius muscles towards the left shoulder blade and left shoulder. On December 9, 2014, Utilization Review non-certified an electromyography (EMG)/nerve conduction study (NCS) bilateral upper extremity, a TENS unit purchase, and physical therapy twice a week for eight weeks for the neck and back. The UR Physician noted there had been no evidence of worsening or progressive symptoms, therefore the request for certified an electromyography (EMG)/nerve conduction study (NCS) bilateral upper extremity was not medically necessary. The UR Physician noted the guideline criteria had not been met as there was no evidence of intractable pain, or evidence of conservative treatments that had been tried and failed, therefore the request for a TENS unit purchase was not medically necessary. The UR Physician noted that physical therapy twice a week for eight weeks for the neck and back was not medically necessary, however, four sessions of physical therapy was medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines and the MTUS American College of Occupational and Environmental Medicine

Guidelines were cited. On December 17, 2014, the injured worker submitted an application for IMR for review of certified an electromyography (EMG)/nerve conduction study (NCS) bilateral upper extremity, a TENS unit purchase, and physical therapy twice a week for eight weeks for the neck and back.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck section, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral upper extremities is not medically necessary. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are acute cervical sprain strain; acute thoracic sprain strain; acute lumbar sprain strain; symptoms of PTSD; left shoulder pain; left wrist and hand pain; sensation loss in ulnar distribution. There is no neurologic evaluation/examination in the medical record dated December 10, 2014. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. The documentation appears to describe symptoms of radiculopathy involving the left shoulder and left upper extremity. There are no neurologic findings (clinically) documented in the record. Additionally, there is minimal justification for performing nerve conduction studies when the patient is already presumed to have symptoms on the basis of radiculopathy. Consequently, absent clinical documentation to meet the standard for EMG/NCV in contravention of the recommended guidelines, EMG/NCV of the bilateral upper extremities is not medically necessary.

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Pain section, TENS Unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit purchase is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker s working diagnoses are acute cervical sprain strain; acute thoracic sprain strain; acute lumbar sprain strain; symptoms of PTSD; left shoulder pain; left wrist and hand pain; sensation loss in ulnar distribution. There is no neurologic evaluation/examination in the medical record dated December 10, 2014. The documentation does not contain a request, a treatment plan, or any documentation indicating a TENS unit is clinically indicated. There is no clinical rationale for a TENS unit. Additionally, there is no TENS one month trial documented in the medical record (a prerequisite to a TENS purchase). Consequently, absent clinical documentation supporting the use of a TENS unit, a TENS unit for purchase is not medically necessary.

Physical therapy twice a week for eight weeks for the neck and back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck, Back sections, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 times per week for 8 weeks to the neck and back is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker s working diagnoses are acute cervical sprain strain; acute thoracic sprain strain; acute lumbar sprain strain; symptoms of PTSD; left shoulder pain; left wrist and hand pain; sensation loss in ulnar distribution. There is no neurologic evaluation/examination in the medical record dated December 10, 2014. The guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction prior to continuing with physical therapy. The treating physician requested 16 sessions of physical therapy to the neck and back. This is in excess of the recommended allotment according to the Official Disability Guidelines. Consequently, absent clinical documentation to support physical therapy two times per week for eight weeks in contravention of the recommended guidelines, physical therapy two times per week for eight weeks to the neck and back is not medically necessary.