MAXIMUS Federal Services

Case Number:	CM15-0011922		
Date Assigned:	01/29/2015	Date of Injury:	12/20/2012
Decision Date:	03/26/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/20/2015

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old male who reported an injury on 12/20/2012. The mechanism of injury was not provided, nor were the diagnostic studies or prior treatments. The documentation of 06/12/2014 revealed the injured worker had headaches, pain in the neck, right hand, and low back. The physical examination revealed there was grade 2 to 3 tenderness to palpation over the paraspinal muscles, which decreased from grade 3 on the last visit, and there was 1+ to 2 palpable spasms, which decreased from 2 to 3 on the last visit. There was restricted range of motion and the cervical compression test was positive. The injured worker had decreased tenderness in the lumbar spine of grade 2 to 3 tenderness to palpation over the paraspinal muscles, decreased from grade 3 on the last visit, and 1+ to 2 palpable spasms, which decreased from 2 to 3 on the last visit. There was restricted range of motion. The straight leg raise was positive bilaterally. Trigger points were positive. The injured worker had grade 2 to 3 tenderness to palpation and locking with pain in the right hand and fingers. The injured worker indicated that physical therapy helped decrease pain, tenderness, and spasms. The diagnoses included cervical and lumbar spine sprain and strain, lumbar spine myofascial pain syndrome, right upper extremity sprain and strain, and right thumb trigger finger with some triggering and locking. The treatment plan included a continuation of physical therapy for evaluation and treatment of the cervical and lumbar spine and right upper extremity 2 times a week for 6 weeks, a psychologist, Fluriflex 180 g, TG Hot 180 g, cyclobenzaprine 7.5 mg 3 times a day, and Motrin 600 mg twice a day, as well as a right trigger thumb release. The documentation indicated the trial of time of rest, time off work, therapy, medications, and all other conservative

measurements had failed. There was no Request for Authorization or documented rationale for the requested treatments. There was no physician note requesting the treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 4 weeks for cervical spine, bilateral shoulders and right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: The California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The clinical documentation submitted for review failed to indicate a necessity for hand treatment, as it is not indicated per the referenced guidelines. Additionally, there was a lack of documentation of prior therapies and the request would exceed guideline recommendations of a trial of 6 visits. There was a lack of documentation of a musculoskeletal condition that would respond to manual therapy. If the injured worker underwent prior chiropractic care, there was a lack of documentation of the objective functional benefit and the quantity of sessions. Given the above, the request for chiropractic 2 times a week for 4 weeks for cervical spine, bilateral shoulders and right hand is not medically necessary.

EMG.NCV of the bilateral upper extremities and bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179; 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There should be documentation of 3 - 4 weeks of conservative care and observation. There was a lack of documentation of a physical examination with objective findings to support the necessity for the requested electrodiagnostic studies of the

bilateral upper extremities. There was a lack of documentation indicating the injured worker had a peripheral neuropathy condition existing in the bilateral upper extremities and there was a lack of documentation indicating a necessity for both an EMG and NCV. The American College of Occupational and Environmental Medicine states that Electromyography (EMG), 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. They do not address NCS for the lower extremities. As such, secondary guidelines were sought. The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. There was a lack of documentation indicating an objective examination including myotomal and dermatomal findings to support the necessity for testing. Given the above, the request for EMG.NCV of the bilateral upper extremities and bilateral lower extremities is not medically necessary.