MAXIMUS Federal Services

Case Number:	CM15-0117121		
Date Assigned:	06/25/2015	Date of Injury:	03/30/2015
Decision Date:	07/28/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/17/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] beneficiary who has filed a claim for neck, low back, and shoulder pain reportedly associated with an industrial injury of March 30, 2015. In a Utilization Review report dated June 10, 2015, the claims administrator partially approved a request for 12 sessions of acupuncture as six sessions of acupuncture, denied a pain management consultation, and denied electrodiagnostic testing of bilateral upper and bilateral lower extremities. The claims administrator invoked a variety of non-MTUS ODG Guidelines in its determination, despite the fact that the MTUS addressed the topic at hand. An RFA form dated June 3, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On May 26, 2015, the applicant reported ongoing complaints of neck pain, mid back pain, low back pain, hip pain, hand pain, wrist pain, arm pain, paresthesias about the digits, insomnia, and depression. The applicant had received 12 sessions of chiropractic manipulative therapy, it was acknowledged. The applicant was off of work, on total temporary disability, and had last worked on March 30, 2015, it was reported. Positive Phalen's signs were noted about the wrist on exam with positive straight leg raising appreciated in the lumbar spine region. The applicant was given diagnoses of cervical strain, thoracic strain, lumbar sprain, radicular neuritis of the legs, lateral epicondylitis, and pain in the forearms, tenosynovitis of the wrists, pain in the hands and wrists, and adhesive capsulitis of the shoulders. The applicant was placed off of work, on total temporary disability. Continued manipulative therapy, acupuncture, a pain management consultation, MRI imaging of the left shoulder, MRI imaging of the right shoulder, MRI imaging of the cervical spine, MRI imaging of the lumbar spine, an orthopedic evaluation, and neurodiagnostic testing (AKA electrodiagnostic testing) of bilateral upper and bilateral lower extremities were proposed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 for cervical/lumbar spine and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for six sessions of acupuncture for the cervical spine, lumbar spine, and shoulder was not medically necessary, medically appropriate, or indicated here. The request for six acupuncture treatments, in effect, represents a request for the six remaining acupuncture treatments endorsed on the progress note of May 27, 2015. On that date, the attending provider sought authorization for 12 total acupuncture treatments, six of which were partially approved by the claims administrator in its Utilization Review report dated June 10, 2015. However, the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d stipulate that acupuncture treatment should be extended only if there is evidence of functional improvement as defined in Section 9792.20e. Here, the request for six sessions of acupuncture amounts to a request for additional acupuncture without evaluating the applicant after completion of the six previously authorized treatments. The request, thus, is at odds with the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d. Therefore, the request was not medically necessary.

Pain management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute & Chronic), page 21.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Conversely, the request for a pain management consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate if a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the applicant's primary treating provider, a chiropractor, was likely ill equipped to address all issues and/or aspects of the applicant's seeming issues of delayed recovery. The applicant was off of work, on total temporary disability, as of the May 26, 2015 office visit in question. The applicant had failed to response favorably to 12 prior sessions of manipulative therapy. Obtaining the added expertise of a practitioner better equipped to address issues with delayed recovery, namely a pain management consultant, thus, was indicated. Therefore, the request was medically necessary.

Neurodiagnostics testing for bilateral upper and lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: Finally, the request for neurodiagnostic testing (AKA electrodiagnostic testing) of the bilateral upper and bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of NCV or EMG testing in the diagnostic evaluation of suspected nerve entrapment is deemed "not recommended." Here, the requesting provider's concomitant request for neurodiagnostic testing (AKA electrodiagnostic testing) of the bilateral upper extremities, MRI imaging of left shoulder, MRI imaging of right shoulder, MRI imaging of cervical spine, and MRI imaging of lumbar spine, taken together, did suggest that the requesting provider was intent on performing these tests for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. It was not clearly stated what was sought; it was not clearly stated what was suspected. It was not clearly stated how the neurodiagnostic testing (AKA electrodiagnostic testing) would influence or alter the treatment plan. Therefore, the request was not medically necessary.