

Case Number:	CM15-0164737		
Date Assigned:	09/02/2015	Date of Injury:	03/13/2015
Decision Date:	11/03/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/21/2015

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 (IW) is a 49 year old male who sustained an industrial injury on 03-13-2015. He reported injury to the right side of the body with numbness in his lower back, upper back, and right hand. The injured worker was diagnosed as having cervical spine myospasms and myalgia with radicular symptoms, and lumbar myospasm and myalgia. Treatment to date has included pain medications. In the exam of 06-16-2015, the injured worker complains of neck and low back pain with radicular symptoms in right arm and hand. On a scale of 0-10 he rates his pain as 7 while at rest and 5 with activity. On examination of the cervical spine, he has tenderness to palpation of the paraspinal muscles. Cervical range of motion was restricted with flexion of 40, Extension of 50, right and left rotation of 70 and 70, and right -left lateral flexion of 35 and 35, and normal upper limb strength noted. His lumbar spine has tenderness to palpation of the paraspinal muscles with spasm and guarding bilaterally. Manual muscle testing revealed "4 out of 5" strength with flexion, extension, and bilateral lateral bend. Range of motion of the lumbar spine was restricted due to pain and spasm. His flexion in the lumbar spine was 50, his extension 15, and his right -left lateral bending was 15 and 15. His neurovascular exam was intact. He has a negative straight leg raise. The treatment plan included chiropractic and physical therapy for the lumbar spine, acupuncture for the cervical and lumbar spine, and a return to sedentary work. On 08/11/2015, Physician examination noted cervical and lumbar myospasm with negative straight leg raise and foraminal compression testing. Also of note, in August 2015 a peer review note was reviewed and described modification of the requests for acupuncture (3 approved sessions) and chiropractic therapy (6 approved sessions). A request for

authorization was submitted for: 1. EMG/NCV of the bilateral upper extremities, 2. Cervical MRI, 3. Lumbar MRI, 4. Physical therapy 3x4 weeks, 5. Chiropractic therapy 3x4 weeks, 6. Acupuncture 2x3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Job Analysis, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMG/NCS topic.

Decision rationale: According to the California MTUS, Nerve Conduction and EMG studies can be considered to help identify subtle neurologic dysfunction. These studies can be indicated to identify causes of pain that include radiculopathy, and compression or entrapment neuropathies. They are warranted after failure of conservative management for 4-6 weeks. According to ODG Guidelines, EMG/NCS topic, it is stated that this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "NCS is not recommended, but EMG is recommended as an option (needle to surface) to obtain unequivocal evidence of radiculopathy, after 1-month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Within the submitted documentation there is failure to demonstrate failure to conservative measures other than medications. There is no significant findings on examination to suggest neurologic dysfunction. Findings are most consistent with myofascial pain and a clear rationale for the bilateral electrodiagnostic study is not mentioned. At this time, medical necessity has not been substantiated and therefore is not medically necessary.

Cervical MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. Cervical MRI is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neoplastic and infectious processes can also be visualized using MRI. Within the submitted documentation,

there is radicular pain patterns and painful range of motion but normal upper extremity strength and negative foraminal compression. There are significant findings on examination to warrant imaging of the cervical spine at this time. Failure of conservative treatment has not been adequately documented in the submitted records available for review. Without the above addressed, this request is not reasonably supported and as such is not certified and therefore is not medically necessary.

Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. Lumbar MRI is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neoplastic and infectious processes can also be visualized using MRI. Within the submitted records, there is noted reduced and painful lumbar range of motion but no significant findings otherwise on exam to suggest significant neurologic dysfunction or compromise, to warrant an MRI of the lumbar spine. At this time, medical necessity has not been established and therefore is not medically necessary.

Physical therapy 3x4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. This request as submitted exceeds recommendations for an initial clinical trial. A six visit clinical trial would be considered appropriate but as submitted, the request for 3x4 physical therapy is not supported and therefore is not medically necessary.

Chiropractic therapy 3x4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: California MTUS Guidelines state that chiropractic treatments are recommended for chronic pain caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. For the low back, the MTUS recommends 6 visits over two weeks as part of a clinical trial of manual therapy, with up to 18 visits over 6-8 weeks with evidence of objective functional improvement. The California MTUS does not address cervical spine manual therapy. According to the ODG, manual therapy to the cervical spine can be considered for cervical nerve root compression with radiculopathy, patient selection based on previous chiropractic success, and with frequency recommendation of a trial of six visits over 2-3 weeks. This injured worker has cervical and lumbar myalgia and myofascial pain. There was noted documentation of prior modification to include 6 approved visits of manual therapy. It is unclear if past manual therapy has produced significant pain reduction using validated pain score measures, or if it helped improve function and/or ability to perform activities of daily living. Without the above issues addressed, this request cannot be supported and therefore is not medically necessary.

Acupuncture 2x3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to the MTUS guidelines, acupuncture can be considered when pain medications are not tolerated, or reduced. It may also be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Typical time frame needed to produce functional benefit is 3-6 sessions. There was noted documentation of prior modification to include 3 approved visits of acupuncture. It is unclear if past acupuncture has produced significant pain reduction using validated pain score measures, or if it helped improve function and/or ability to perform activities of daily living. Without the above issues addressed, this request cannot be supported and therefore is not medically necessary.