

<b>Case Number:</b>	CM15-0048520		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	08/06/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Arizona, Michigan  
 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 injured worker is a 33 year old female, who sustained an industrial injury on 08/06/2014. She reported injuries to her neck and lumbar spine. The injured worker is currently diagnosed as having cervical spine sprain/strain, C5-C6 and C6-C7 disc protrusion, cervical spine radiculopathy, lumbar spine sprain/strain, and lumbar spine radiculopathy. Treatment to date has included neck and low back MRI, physical therapy, and medications. In a progress note dated 03/02/2015, the injured worker presented with complaints of pain in her neck and lumbar spine. The treating physician reported requesting authorization for the injured worker's next visit to follow up no later than six weeks, baseline laboratory evaluations and urine drug screen, electromyography/nerve conduction studies of the bilateral upper and lower extremities due to complaints of numbness and tingling, and for a course of physiotherapy, chiropractic, and acupuncture for the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UA tox screen, CRP, CPK, Chem 8, Hepatic/Arthritis panel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** Per the MTUS, NSAID's should be used with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. However there is no recommendation for the monitoring of arthritis markers like CPK, CRP and while drug testing is recommended in patients with chronic pain, it is not recommended to be done as a whole group with other laboratory testing which is not supported by the guidelines and therefore the request for UA tox screen, CRP, CPK, Chem 8, Hepatic/Arthritis panel is not medically necessary.

**EMG/NCV bilateral upper extremities and low extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Citation (Section / Topic): Neck and upper back, Low Back - Lumbar & Thoracic (Acute & Chronic) / Electrodiagnostic Studies, (EMG) Electromyography, Nerve Conduction Studies (NCS).

**Decision rationale:** Per the MTUS, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Per the ODG, EMG's are not necessary if radiculopathy is already clinically obvious. NCS are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records that are available to me reveal that she has clear subjective and objective findings of radiculopathy and electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, therefore the request for EMG/NCV bilateral upper extremities is not medically necessary also review of the injured workers medical records reveal that radiculopathy is already clinically obvious, therefore based on the injured workers clinical presentation and the guidelines the request for EMG/NCV bilateral lower extremities is not medically necessary.

**Chiropractic Therapy 2 times a week for 6 weeks for cervical spine and lumbar spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** Per the MTUS, Manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. "Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care. - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." A review of the injured workers medical records did not reveal extenuating circumstances that would necessitate deviating from the guidelines initial trial of 6 visits and then a total of up to 18 visits with evidence of objective functional improvement, therefore the request for Chiropractic Therapy 2 times a week for 6 weeks for cervical spine and lumbar spine is not medically necessary.

**Acupuncture for cervical spine and lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic). Acupuncture.

**Decision rationale:** The MTUS recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication -induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments. 1-3 times a week for 1-2 months. Per the ODG acupuncture is not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. This passive intervention should be an adjunct to active rehab efforts. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) Based on the guidelines the request for acupuncture to the cervical spine and lumbar

spine two times a week for six weeks exceeds the guideline recommendations of an initial trial of 3-4 visits and is not medically necessary.

**Follow-up in 6 weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**Decision rationale:** Per the MTUS/ ACOEM Patients whose neck or upper back complaints may be work related should receive follow-up care every three to five days by a midlevel practitioner, who can counsel them about avoiding static positions, medication use, activity modification, and other concerns. Take care to answer questions and make these sessions interactive so that patients are fully involved in their recovery. If the patient has returned to work, these interactions may be done on site or by telephone to avoid interfering with modified- or full-work activities. Physician follow-up generally occurs when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and every seven to fourteen days if the patient is working. In 6 weeks, appreciable healing or recovery can be anticipated therefore the request for follow up in 6 weeks is medically necessary.