

Case Number:	CM15-0061503		
Date Assigned:	04/07/2015	Date of Injury:	12/04/2007
Decision Date:	05/06/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/01/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old female, who sustained an industrial injury on 12/04/2007. She has reported subsequent neck, back and left lower extremity pain and was diagnosed with chronic lumbar pain with left leg radiculopathy and chronic cervical and lumbar sprain/strain. Treatment to date has included oral pain medication, physical therapy, acupuncture and surgery. In a progress note dated 01/13/2015, the injured worker complained of increasing neck and back pain as well as numbness. Objective findings were notable for decreased range of motion and stiffness of the lumbar spine, positive straight leg raise and numbness of the lateral left lower extremity. A request for authorization of 6 sessions of acupuncture of the cervical spine, 8 sessions of physical therapy of the lumbar spine and EMG/NCV of the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture x 6 cervical is not medically necessary. Per CA MTUS "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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. In this case, Acupuncture is not medically necessary because there was no attempt to reduce pain medication or use in combination with a physical rehab program or previous acupuncture therapy; therefore, the requested service is not medically necessary.

Physical therapy x 8 lumbar: 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): 99.

Decision rationale: Physical therapy x 8 lumbar is not medically necessary. Page 99 of CA MTUS states physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant has had several visits of physical therapy without sustained benefit and he has reached his maximum amount of visits; therefore, the request is not medically necessary.

EMG/NCV left lower extremity: 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, Electrodiagnostic Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain Chapter: Diagnostic Consideration Page(s): EMG/NCV.

Decision rationale: Electromyography/Nerve Conduction Velocity of the left lower extremities is not medically necessary. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Electromyography (EMG), NCS 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. The physical exam was unchanged for an injury occurring years ago and there was no confirmation with the MRI. There is no indication for EMG/NCV of the left lower extremities; therefore, the request is not medically necessary.