

Case Number:	CM15-0063562		
Date Assigned:	04/09/2015	Date of Injury:	07/29/2009
Decision Date:	06/09/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/03/2015

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, Oklahoma

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44 year old female, who sustained an industrial injury on 7/29/2009. The mechanism of injury was pushing a box. The injured worker was diagnosed as having cervical and lumbar spine strain/sprain, right shoulder rotator cuff tendinitis/bursitis, and right wrist carpal tunnel syndrome. Treatment to date has included diagnostics, physical therapy, and medications. Currently, per the documentation of 02/04/2015, the injured worker complains of neck pain, right shoulder pain with radiation to the upper back, right wrist pain, and low back pain with numbness and tingling to both lower extremities. Pain levels were described as moderate and intermittent. The physical examination revealed the head and neck were well centered without evidence of deformity. There was increased tone with associated tenderness in the paracervical and trapezius muscles. The cervical distraction test was positive. The injured worker had decreased range of motion of the cervical spine. Sensation was intact to light touch and pinprick in the C3-T1 dermatomes bilaterally. There was palpable tenderness with mild spasm in the trapezius. The injured worker had decreased range of motion of the right shoulder. The injured worker had a positive supraspinatus weakness test. The injured worker was diffuse tenderness in the right hand and a positive Tinel's. Range of motion was within normal limits. The injured worker had increased tone and tenderness in the paralumbar musculature with tenderness at the midline thoracolumbar junction and over the level of L5-S1 facets and right greater sciatic notch. There were muscle spasms. The injured worker had decreased range of motion of the lumbar spine and a negative straight leg raise. The injured worker had a positive Patrick Faber's test and sciatic tenderness test. Sensation to light touch and pinprick was intact in

the L1-S1 dermatomes bilaterally. The request was made for acupuncture and an EMG/NCV of the bilateral upper extremities to assess the injured worker's neurologic complaints. Additionally, the request was made for omeprazole 20 mg #60 and cyclobenzaprine 10 mg #60. The treatment plan included acupuncture (2x4) and electromyogram and nerve conduction studies of the upper extremities. She was prescribed Naproxen and Cyclobenzaprine. There was a Request for Authorization submitted to support the request dated 03/10/2015 for acupuncture and an EMG/NCV of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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. The clinical documentation submitted for review failed to provide documentation of the specific conservative care directed at the left upper extremity. There was a lack of documentation indicating a necessity for both an EMG and NCV. There was a lack of documentation of myotomal and dermatomal findings to support the EMG. The injured worker was noted to have a positive Tinel's which would support the necessity for an NCV. However, as the EMG is not medically necessary, the entire request is not medically necessary. Given the above, the request for EMG/NCV left upper extremity is not medically necessary.

8 Acupuncture Therapy Cervical Spine 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended 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. The time to produce functional improvement is 3 - 6 treatments. The clinical documentation submitted for review failed to provide documentation pain medication was reduced or not tolerated, and there was a lack of documentation indicating the treatment would be used as an adjunct to physical

rehabilitation. The request for 8 sessions would be excessive. Given the above, the request for 8 acupuncture therapy cervical spine 2 x 4 is not medically necessary.

8 Acupuncture Therapy Right Shoulder 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended 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. The time to produce functional improvement is 3 - 6 treatments. The clinical documentation submitted for review failed to provide documentation pain medication was reduced or not tolerated, and there was a lack of documentation indicating the treatment would be used as an adjunct to physical rehabilitation. The request for 8 sessions would be excessive. Given the above, the request for 8 acupuncture therapy right shoulder 2 x 4 is not medically necessary.

8 Acupuncture Therapy Lumbar Spine 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended 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. The time to produce functional improvement is 3 - 6 treatments. The clinical documentation submitted for review failed to provide documentation pain medication was reduced or not tolerated, and there was a lack of documentation indicating the treatment would be used as an adjunct to physical rehabilitation. The request for 8 sessions would be excessive. Given the above, the request for 8 acupuncture therapy lumbar spine 2 x 4 is not medically necessary.