

Case Number:	CM15-0072594		
Date Assigned:	04/22/2015	Date of Injury:	03/25/2014
Decision Date:	07/13/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/16/2015

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

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 is a 36-year-old female, who sustained an industrial injury on March 25, 2014. She has reported back pain, wrist and hand pain, elbow pain, and shoulder pain. Diagnoses have included lumbar spine disc displacement, sciatica, left rotator cuff strain/sprain, left radiohumeral strain/sprain, and left carpal tunnel strain/sprain. Treatment to date has included injections, physical therapy, and imaging studies. A progress note dated February 4, 2015 indicates a chief complaint of lower back pain, left wrist and hand pain, left elbow pain, and left shoulder pain. The treating physician documented a plan of care that included acupuncture, pain management evaluation, work conditioning/hardening screening, and diagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 3 times weekly for 2 weeks, lumbar spine, left shoulder and left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (e), Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The 36-year-old patient presents with pain in the lumbar spine radiating to the right leg, and pain and tingling in left wrist, left hand, left elbow, and left shoulder, as per progress report dated 02/04/15. The request is for ACUPUNCTURE, 3 TIMES WEEKLY FOR 2 WEEKS, LUMBAR SPINE, LEFT SHOULDER, AND LEFT WRIST. The RFA for the case is dated 03/09/15, and the patient's date of injury is 03/25/14. Diagnoses, as per progress report dated 02/04/15, included lumbar disc displacement, sciatica, left rotator cuff sprain/strain, left radiohumeral sprain/strain, and left carpal sprain/strain. The patient is temporarily totally disabled, as per the same progress report. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In this case, a request for six sessions of acupuncture is noted in progress report dated 02/04/15. In a report dated 02/17/15, the treater states that the patient is scheduled to start an initial trail of 6 acupuncture sessions on 02/29/15. As per a subsequent report dated 03/17/15, the patient is scheduled to start her initial acupuncture therapy on 03/23/15. The progress reports do not document the number of sessions completed by the patient until now. The treater does not discuss the efficacy of this treatment in terms of reduction in pain and improvement in function. In fact, in progress report dated 03/17/15, the treater states that there has been "no functional improvement" since the last visit. Given the lack of efficacy, the request for 6 sessions IS NOT medically necessary.

Initial evaluation for pain management specialist; Psychosocial factors screening:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational medicine practice guidelines, 2nd edition, 2004, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127, evaluation.

Decision rationale: The 36-year-old patient presents with pain in the lumbar spine radiating to the right leg, and pain and tingling in left wrist, left hand, left elbow, and left shoulder, as per progress report dated 02/04/15. The request is for INITIAL EVALUATION FOR PAIN MANAGEMENT SPECIALIST, PSYCHOSOCIAL SCREENING. The RFA for the case is dated 03/09/15, and the patient's date of injury is 03/25/14. Diagnoses, as per progress report dated 02/04/15, included lumbar disc displacement, sciatica, left rotator cuff sprain/strain, left radiohumeral sprain/strain, and left carpal sprain/strain. The patient is temporarily totally disabled, as per the same progress report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual

loss and/or the examinee's fitness for return to work. In this case, none of the progress reports document this request. The patient does suffer from chronic pain, and may benefit from pain management. ACOEM also supports initial evaluations from specialists. Hence, the request IS medically necessary.

Work conditioning/hardening screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

Decision rationale: The 36-year-old patient presents with pain in the lumbar spine radiating to the right leg, and pain and tingling in left wrist, left hand, left elbow, and left shoulder, as per progress report dated 02/04/15. The request is for WORK CONDITIONING/HARDENING SCREENING. The RFA for the case is dated 03/09/15, and the patient's date of injury is 03/25/14. Diagnoses, as per progress report dated 02/04/15, included lumbar disc displacement, sciatica, left rotator cuff sprain/strain, left radiohumeral sprain/strain, and left carpal sprain/strain. The patient is temporarily totally disabled, as per the same progress report. The MTUS Guidelines page 120 125-126 recommends work hardening programs as an option and requires specific criteria to be met for admission, including work-related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, nonsurgical candidate, define return to work goal agreed by employer and employee, etc. A defined returned to work goal is described as; (a) A documented specific job to return to with job demands that exceeds abilities, or (b) Documented on the job training. Furthermore, Approval of this program should require a screening process that includes file review, interview, and testing to determine likelihood of success in the program. In this case, none of the progress reports discuss the request. The treater does not state if work conditioning is related to a specific job or not. Nonetheless, work hardening screening may help determine the patient's eligibility for the program. Hence, the request IS medically necessary.

EMG of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

Decision rationale: The 36-year-old patient presents with pain in the lumbar spine radiating to the right leg, and pain and tingling in left wrist, left hand, left elbow, and left shoulder, as per progress report dated 02/04/15. The request is for EMG OF THE LEFT UPPER EXTREMITY. The RFA for the case is dated 03/09/15, and the patient's date of injury is 03/25/14. Diagnoses, as per progress report dated 02/04/15, included lumbar disc displacement, sciatica, left rotator

cuff sprain/strain, left radiohumeral sprain/strain, and left carpal sprain/strain. The patient is temporarily totally disabled, as per the same progress report. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electro diagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, none of the progress reports discuss the request. There is no documentation of prior electro diagnostic studies to the left upper extremity. The patient has persistent left shoulder, left elbow and left wrist pain. EMG may help the treater diagnose the patient's condition effectively. Hence, the request is reasonable and IS medically necessary.

NCV of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

Decision rationale: The 36-year-old patient presents with pain in the lumbar spine radiating to the right leg, and pain and tingling in left wrist, left hand, left elbow, and left shoulder, as per progress report dated 02/04/15. The request is for NCV OF THE LEFT UPPER EXTREMITY. The RFA for the case is dated 03/09/15, and the patient's date of injury is 03/25/14. Diagnoses, as per progress report dated 02/04/15, included lumbar disc displacement, sciatica, left rotator cuff sprain/strain, left radiohumeral sprain/strain, and left carpal sprain/strain. The patient is temporarily totally disabled, as per the same progress report. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electro diagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, none of the progress reports discuss the request. There is no documentation of prior electro diagnostic studies to the left upper extremity. The patient has persistent left shoulder, left elbow and left wrist pain. NCV may help the treater diagnose the patient's condition effectively. Hence, the request is reasonable and IS medically necessary.