

Case Number:	CM15-0091134		
Date Assigned:	05/15/2015	Date of Injury:	12/15/2014
Decision Date:	06/30/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/12/2015

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: 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 38-year-old female injured worker suffered an industrial injury on 12/15/2014. The diagnoses included right wrist sprain/strain, thoracic spine sprain/strain, and lumbar spine sprain/strain with radicular complaints with evidence of central disc protrusion. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications. On 4/16/2015, the treating provider reported intermittent moderate low back pain with numbness and tingling down both legs. She also reported intermittent moderate pain in her right wrist and hand. On exam, there was increased tone in the cervical spine with associated tenderness and guarding. The right wrist/hand had tenderness. The thoracic spine had tenderness with spasms. The lumbosacral spine had increased tone and tenderness with muscle spasms. The treatment plan included Acupuncture, NCV/EMG of the lower extremities, and Right wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 right wrist, thoracic 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 rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain. An initial three to six treatments at a frequency of one to three times per week is sufficient to produce functional improvements. If functional improvement results from the use of acupuncture treatments, then they may be extended. The optimum duration of acupuncture treatments is one to two months. The request for acupuncture 2 times 4 exceeds the recommended three to six sessions to produce functional improvement. The request for acupuncture 2x4 right wrist is determined to not be medically necessary.

NCV/EMG of the lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Electrodiagnostic testing; The American Association of Neuromuscular & Electrodiagnostic Medicine, Minimum Standards for electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Nerve Conduction Studies (NCS) Section.

Decision rationale: The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. An MRI provided for review reveals no signs of sciatica or radiculopathy. The requesting physician does not provide explanation of why EMG/NCV would be necessary for this injured worker, who already has identified pathology. The request for NCV/EMG of the lower extremities is determined to not be medically necessary.

Right wrist brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Splints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 551.

Decision rationale: Per the MTUS Guidelines, in general, immobilization of the elbow or wrist should be avoided. An exception is immediately after surgery where brief immobilization may be required. Wrist splinting is sometimes utilized. Some experts believe splinting potentially contributes to elbow pain. When immobilization is utilized, range-of-motion exercises should involve the elbow, wrist, as well as the shoulder, to avoid frozen shoulder ("adhesive capsulitis"). This injured worker had no history of a recent elbow or wrist surgery. The request for right wrist brace is determined to not be medically necessary.