

Case Number:	CM14-0143061		
Date Assigned:	09/15/2014	Date of Injury:	06/27/2014
Decision Date:	10/15/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 31 year old patient had a date of injury on 6/27/2014. The mechanism of injury was repetitive stooping, kneeling, twisting, grasping, gripping and using hot/cold water. In a progress noted dated 8/5/2014, subjective findings included constant upper back pain that radiates from back of head to bilateral shoulders, arms, elbows, wrist and hands. She reports numbness and tingling sensation in her wrists, hands, and fingers. There is on-and-off low back pain that radiates to her bilateral legs and feet with numbness and tingling sensation in feet only. On a physical exam dated 8/5/2014, objective findings included limited flexion and extension on range of motion tests of the cervical and thoracolumbar spine, and sensory dermatomes C5-T1 are intact. The lower extremity examination showed tenderness to palpation of the plantar ligaments and the dorsum of feet bilaterally. The motor strength is 2+/5. The diagnostic impression shows cervical spine sprain/strain, lumbar spine sprain/strain, bilateral wrist sprain/strain, lumbar radiculitis, insomnia. Treatment to date: medication therapy, behavioral modification. A UR decision dated 8/21/2014 denied the request for: 1) 12 physical therapy/chiropractic visits, stating considering the acuteness of injury and clinical deficits noted, an initial 6 visits is reasonable to address the symptoms. 2) 12 acupuncture visits, stating 3-6 treatments is recommended to produce functional improvement. 3) range of motion and manual muscle testing, stating range of motion can be performed during course of physical therapy visits. (4/5) EMG/NCV of bilateral upper extremities and (6/7) EMG/NCV of bilateral lower extremities, stating that pending response from the approved physical therapy, the medical necessity of this request is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy/chiropractic visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Neck and Upper Back Procedure Summary (last updated 8/4/14); and the Official Disability Guidelines -- TWC Low Back Procedure Summary (last updated 7/3/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 173. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114; Official Disability Guidelines (ODG) neck and upper back chapter

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. CA MTUS states using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, ODG supports a trial of 6 visits and with evidence of objective functional improvement, up to a total of up to 18 visits. In the 8/5/2014 progress note, patient is noted to have cervical spine sprain/strain and chronic pain. However, there was no clear rationale provided regarding the medical necessity of 12 initial sessions, when guidelines support 6. Therefore, the request for chiropractic visits/physical therapy is not medically necessary.

12 acupuncture visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be 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. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. In the 8/5/2014 progress report, there was no rationale provided regarding the medical necessity of 12 initial acupuncture visits, when guidelines support 3-6. Therefore, the request for acupuncture visits #12 was not medically necessary.

Range of motion and manual muscle testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Low Back Procedure Summary (last updated 2/13/14); and the Official Disability Guidelines -- TWC Knee and Leg Procedure Summary (last updated 1/20/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter

Decision rationale: MTUS does not address this issue. ODG does not recommend flexibility as a primary criteria, stating that the relation between back range of motion measures and functional ability is weak or nonexistent. Furthermore, in the 8/5/2014 progress note, there was no clear rationale provided regarding why this patient needs this request in addition to the physical therapy sessions. Therefore, the request for Range of motion and muscle testing is not medically necessary.

EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Neck and Upper Back Procedure Summary (last updated 5/14/13)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 238; Official Disability Guidelines (ODG) neck and upper back chapter

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. ODG states that electromyography (EMG) is recommended (needle, not surface) as an option in selected cases. On a physical exam dated 8/5/2014, the pinwheel sensory dermatomes C5-T1 are intact. There were no significant neurological deficits noted, and there was no clear rationale provided regarding the medical necessity of EMG. Therefore, the request for EMG of the bilateral upper extremities is not medically necessary.

NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Neck and Upper Back Procedure Summary (last updated 5/14/13)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 238; Official Disability Guidelines (ODG) neck and upper back chapter

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. ODG states that electromyography (EMG) is recommended (needle, not surface) as an option in selected cases. On a physical exam dated 8/5/2014, the pinwheel sensory dermatomes C5-T1 are intact. There were no significant neurological deficits noted, and there was no clear rationale provided regarding the medical necessity of NCV. Therefore, the request for NCV of the bilateral upper extremities is not medically necessary.

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Low Back Procedure Summary (last updated 5/10/13)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 303; Official Disability Guidelines (ODG) low back chapter EMG/NCV

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The physical exam dated 8/5/2014 showed that the pinwheel sensory dermatomes L1-S1 are intact. No significant neurological changes were discussed. Furthermore, there was no discussion of failure of conservative treatments, and chiropractic treatment and acupuncture has been requested. Therefore, the request for EMG of the bilateral lower extremities is not medically necessary.

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Low Back Procedure Summary (last updated 5/10/13)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 303; Official Disability Guidelines (ODG) low back chapter

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not

recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The physical exam dated 8/5/2014 showed that the pinwheel sensory dermatomes L1-S1 are intact. No significant neurological changes were discussed. Furthermore, there was no discussion of failure of conservative treatments, and chiropractic treatment and acupuncture has been requested. Therefore, the request for NCV of the bilateral lower extremities is not medically necessary.