MAXIMUS Federal Services

Case Number:	CM14-0150425		
Date Assigned:	09/18/2014	Date of Injury:	07/31/2013
Decision Date:	11/04/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/16/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas & Ohio. 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:

The injured worker is a 45-year-old female who reported an injury on 07/31/2013. While sitting in a chair, she got up to get some cloth wipes. When she backed up and went to sit back down, the chair had been moved, which caused her to fall back and land on the floor in a sitting position, using her hands behind her to break the fall. Diagnoses were work related fall, bilateral hand strain/contusion, rule out carpal tunnel syndrome, lumbar spine strain/contusion, bilateral strain with radicular complaints, and MRI evidence of disc bulges at L4-5 and L5-S1 with annular tear at L4-5 with facet arthropathy at the L4-5 and L5-S1. An MRI dated 09/27/2013 revealed no lumbar vertebral body compression fracture or bony destructive lesion, small hemangiomas versus focal areas of fat in the L3 and L4 vertebrae, developing mild degenerative disc disease at L5-S1, mild facet arthropathy and ligamentum flavum buckling or enfolding, lower toe lumbar levels, L4-5 small lateral disc bulge without foraminal stenosis or nerve root impingement, and L5-S1 revealed small degenerative disc bulge with a left paracentral annular tear. No central or foraminal stenosis was present. There was no root compromise. The examination of the cervical spine revealed tenderness about the paravertebral muscles and no trigger points. Cervical compression test was negative. Range of motion was slightly decreased. Sensation to light touch and pinprick was intact in the C3-T1 dermatomes bilaterally. The examination of the right and left shoulder revealed no palpable tenderness and no spasm about the trapezius muscles. Range of motion was normal for the right and the left. Impingement test and Speed's test were negative bilaterally. The examination of the elbows revealed no tenderness or spasm. Range of motion was normal for the right and left. The examination of bilateral wrists revealed no tenderness and no crepitus. Tinel's sign was positive in the right and the left wrists and Phalen's test was positive in the right. Range of motion was normal bilaterally. Examination of the lumbosacral spine revealed tenderness about the paralumbar musculature

with tenderness at the midline thoracolumbar junction over the level of the L4-5 and L5-S1 facets. There was a decrease in range of motion for the lumbar spine and a positive straight leg raise bilaterally. Patrick Faber's test was positive bilaterally. Medications were naproxen, Omeprazole, tramadol, and Flexeril. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions (lumbar/bilateral hands) 2x week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The decision for Acupuncture sessions (lumbar/bilateral hands) 2x week for 4 weeks is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and 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 treatments to 6 treatments, and acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The request submitted exceeds the recommended 3 treatments to 6 treatments of acupuncture. The medical guidelines also state that acupuncture needs to be used in adjunct to a physical rehabilitation program such as a home exercise program or some type of physical therapy. The clinical information submitted for review does not provide the evidence to justify acupuncture sessions 2 times a week for 4 weeks. Therefore, this request is not medically necessary.

EMG/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 Guideline-Treatment in Workers' Compensation, Neck & Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179.

Decision rationale: The decision for EMG/NCV of the bilateral upper extremities is not medically necessary. The California ACOEM states criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the

anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. 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 3 weeks or 4 weeks. There are no neurological deficits with strength, sensation, or reflexes. The clinical information submitted for review does not provide evidence to support a decision for an EMG/NCV. Therefore, this request is not medically necessary.