

Case Number:	CM13-0044989		
Date Assigned:	12/27/2013	Date of Injury:	03/08/2013
Decision Date:	03/10/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine, and is licensed to practice in Texas. 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 physician 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 patient is a 51-year-old who reported an injury on 03/08/2013. The mechanism of injury was twisting. The patient's initial complaints were stiffness and pain to the lower back, and he was diagnosed with a lumbosacral strain/sprain. He received medications, to include Anaprox and Norflex, and implemented activity modification with no resolution of his symptoms. He returned to seek treatment and was prescribed a course of physical therapy that was beneficial in the beginning; however, he experienced a plateau. The patient was then prescribed a trial of acupuncture that reportedly decreased his symptoms by 70% after just 3 sessions. The patient was prescribed 6 total sessions; however, the benefit of the final 3 was not discussed or provided within the medical records. Although the 11/07/2013 clinical note reported that the patient was experiencing numbness in his thigh, there have been no previous complaints or findings suggesting the presence of a neuropathy in his lower extremities. There was no other clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyogram) and NCV (nerve conduction velocity test) on the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The Physician Reviewer's decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines recommend an EMG/NCV to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The clinical information submitted for review did not provide any objective evidence that the patient was experiencing any dysesthesias in the lower extremities. The first mention of a complaint of numbness was dated 11/07/2013, and was not accompanied by any objective findings. The most recent thorough physical examination was performed on 08/08/2013, and revealed that the back was tender with restricted range of motion due to increased pain on flexion and extension; however, muscle strength and sensation were not addressed. As the clinical information submitted for review does not provide sufficient evidence of any neurological deficit, the need for an EMG/NCV is not indicated at this time. The request for an EMG and NCV on the bilateral lower extremities is not medically necessary or appropriate.

Twelve additional acupuncture sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Acupuncture Guidelines Chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: The Acupuncture Medical Treatment Guidelines recommend acupuncture to increase blood flow, range of motion, decreased side effects of medication-induced nausea, and promote relaxation. Guidelines state that the optimum duration of acupuncture is between 1 to 2 months, with a frequency of 1 to 3 times per week. Acupuncture treatments may be extended if functional improvement is documented within the medical records. Although the clinical information states that the patient received 70% relief in symptoms from 3 acupuncture sessions, there is no documented objective evidence of functional improvement, such as range of motion, pain levels as documented on the visual analog scale, and intolerance to activities of daily living. Without objective evidence that the acupuncture has been beneficial, the medical necessity for this request cannot be established. The request for twelve additional acupuncture sessions is not medically necessary or appropriate.