

Case Number:	CM13-0046793		
Date Assigned:	12/27/2013	Date of Injury:	06/04/2009
Decision Date:	04/25/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	11/01/2013

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, has a subspecialty in Interventional Spine 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 is a 58 year-old male who was injured on 6/4/09. He has been diagnosed with L5/S1 foraminal narrowing; L4/5 severe bilateral foraminal narrowing; 10-mm disc extrusion at L5/S1; cervical radiculopathy; and bilateral carpal tunnel syndrome per EMG/NCV. According to the 8/29/13 PM&R report form [REDACTED], the patient presents with temporary relief after just finishing a course of acupuncture. He continues to use pain medications and has increased numbness, tingling in the bilateral upper and lower extremities. He has not had EMG/NCV in over 2-years. The pain was rated as 8/10. He did not have much benefit with the epidural from [REDACTED] recommended another course of acupuncture 3x4 for the back, bilateral hips, and BLE; updated EMG/NCV BUE and BLE.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE THREE TIMES FOUR FOR THE LUMBAR, BILATERAL HIPS, AND LEGS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient was reported to have completed a course of acupuncture by 8/29/13. The physician states there was temporary benefit, but the patient continues to take medications. There is no discussion of what the temporary benefits were. The 8/2/13 report from the pain management physician, [REDACTED] notes pain is 9/10 with medications and 7/10 without. The MTUS acupuncture guidelines state acupuncture visits can be extended if there is documentation of functional improvement. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit and a reduction in the dependency on continued medical treatment. The records did not show functional improvement. There is no documented improvement in ADL's, work status remains temporary total disability, no reduction in the dependency on continued medical treatment, no reduction in the frequency of acupuncture, no reduction in use of medications. The request for additional acupuncture without documenting functional improvement is not in accordance with the MTUS acupuncture treatment guidelines.

ELECTROMYOGRAPHY (EMG)/NERVE CONDUCTION VELOCITY OF THE BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: The patient is reported to have chronic back pain, history of spondylolisthesis and surgical recommendations, and currently increasing paresthesias in the lower extremities. There are no indications that the patient has had prior EMG/NCV of the lower extremities. MTUS/ACOEM states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, Final Determination Letter for IMR Case Number CM13-0046793 4 focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The patient meets the MTUS/ACOEM criteria for EMG and H-reflex which is a normal part of the NCV.

ELECTROMYOGRAPHY (EMG)/NERVE CONDUCTION VELOCITY OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: The patient was reported to have had upper extremity paresthesia. He was reported to have had electrodiagnostic studies 2-years prior which were positive for CTS. The actual electrodiagnostic report was not provided for review. There is no indication that the patient had carpal tunnel release in the interim. MTUS/ACOEM states that NCS and EMG may

confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the tests are negative, tests may be repeated later in the course of treatment if symptoms persist. The prior tests were not reported to be negative, and the patient is already reported to have CTS. The request for repeating a positive EMG/NCV is not in accordance with MTUS/ACOEM guidelines.