

Case Number:	CM13-0055221		
Date Assigned:	12/30/2013	Date of Injury:	06/06/2011
Decision Date:	03/28/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and 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 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 54-year-old female who reported an injury on 06/06/2011. The mechanism of injury was not submitted. The patient was diagnosed with disc bulge, lumbar spine, with left-sided radiculopathy and sacroiliac instability and meniscal tear, right knee, status post, with postoperative cyst. The patient complained of severe pain in the lower back with shooting-type pain down the left lower extremity as well as pain to the right knee. The physical examination revealed tenderness to palpation at the paraspinal lumbar spine. Muscle spasm was also noted to the lower lumbar region. The patient had painful decreased range of motion. The patient had a popliteal cyst that was noted to the right knee. There was tenderness to palpation along the medial retinaculum. The patient was recommended acupuncture times 6 sessions and an EMG/NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine and right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS states acupuncture is 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. The patient complained of severe low back pain with radiating pain to the lower extremity. However, the clinical documentation submitted for review does not indicate that the patient's medication was reduced or that the patient is not tolerating the medication. Given the lack of documentation to support guideline criteria, the request is non-certified.

Electromyography (EMG) and nerve conduction studies (NCS) of the bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies.

Decision rationale: CA MTUS/ACOEM states electromyography, including H-reflex test, may be used to identify subtle focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The patient complained of low back pain; however, no clinical documentation was submitted for review indicating a failure of conservative treatment. CA MTUS/ACOEM does not address nerve conduction velocity studies of the low back. The Official Disability Guidelines state nerve conduction studies are not recommended when the patient is presumed to have symptoms on the basis of radiculopathy. The patient complained of low back pain with radiating pain to the lower extremities. However, the Official Disability Guidelines do not recommend nerve conduction studies when the patient is presumed to have radiculopathy, as is the case with this patient. Given the lack of documentation to support guideline criteria, the request is non-certified.