

Case Number:	CM14-0018264		
Date Assigned:	04/21/2014	Date of Injury:	02/04/2012
Decision Date:	06/12/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/19/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 40-year-old male who reported an injury on 02/04/2012. The mechanism of injury was that the injured worker was changing a light bulb while standing on the forks of a forklift and the injured worker fell off of the forks approximately 5 feet. The prior treatments include physical therapy for 6 sessions and chiropractic therapy for 8 sessions. The clinical documentation indicated that the injured worker had an EMG/NCV of the bilateral lower extremities on 06/09/2012 which revealed mild left peroneal motor neuropathy at the ankle and the study of the right lower extremity was within normal limits. The injured worker had a normal EMG of the lower extremities. The recommendation of the Qualified Medical Examination was that the injured worker should have an MRI of the left knee, lumbosacral spine, cervical spine, and both shoulders and an EMG of the bilateral upper limbs as well as a repeat EMG of the left lower limb. The documentation of 10/10/2013 revealed that the injured worker had testing from dermatomes L1-S1 that was normal. The injured worker had a motor examination in which all motor strength was noted to be 5/5. Knee jerks and ankle jerks were 2+ and symmetrical bilaterally. The treatment plan included special studies following the recommendations of the Qualified Medical Evaluation regarding medications, surgical options, and pain management options as well, the MRI of the lumbar spine and cervical spine, and authorization for acupuncture for the injured worker's lumbar spine 2 times a week for 3 weeks. The injured worker indicated that he had not had acupuncture in the past. It was indicated that the injured worker was in need of physical therapy given the fact that the injured worker was deconditioned and demonstrated loss of range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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

Decision rationale: ACOEM states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There should be documentation of 3 - 4 weeks of conservative care and observation. The clinical documentation submitted for review failed to indicate that the injured worker had myotomal or dermatomal findings to support the necessity for an EMG. Additionally, there was lack of documentation indicating a necessity for bilateral lower extremity testing when the Qualified Medical Evaluation recommended it for the left lower extremity only. Additionally, the injured worker had an EMG in 2012. Given the above and the lack of documented rationale for the necessity of a repeat test and the necessity for bilateral lower extremity examination, the request for an EMG of the bilateral lower extremities is not medically necessary.

ACUPUNCTURE (2X3) FOR THE LEFT KNEE, LEFT THIGH AND LUMBAR SPINE:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend acupuncture as an option when pain medication is reduced and not tolerated and it is recommended as an adjunct to physical therapy to hasten functional recovery. The time to produce functional improvement is 3 to 6 treatments. The clinical documentation submitted for review indicated that the injured worker had not trialed acupuncture. There was a lack of documentation indicating that the injured worker had a reduction in pain medication or pain medication was not tolerated. There is lack of documentation indicating the injured worker would be utilizing acupuncture as an adjunct to physical rehabilitation. Given the above, the request for acupuncture 2 times a week for 3 weeks for the left knee, left thigh and lumbar spine is not medically necessary.