

<b>Case Number:</b>	CM14-0113126		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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, 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 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 58-year-old female with a reported injury on 07/05/2013. The mechanism of injury was not provided. The injured worker's diagnoses consisted of lumbago, displacement of the lumbar intervertebral disc, lumbar radiculopathy, lumbar facet hypertrophy syndrome, grade 1 retrolisthesis of the L4-5 and L5-S1, bilateral neural foraminal stenosis at L4-5 and L5-S1, and myalgia. The injured worker has had previous treatments of physical therapy and acupuncture and the use of a TENS unit, all with reported limited improvement. The injured worker had an examination on 04/08/2014. She complained of pain in her cervical spine that was severe, achy, sharp, stabbing and tingling. Her complaints in her lumbar spine were constant severe, dull, achy, sharp, stabbing, throbbing low back pain with stiffness, numbness, tingling, weakness, and cramping radiating to both feet with numbness. Upon examination of her cervical spine, the range of motion, flexion was at 50 degrees, extension was at 60 degrees, the left lateral bending was at 40 degrees, the right lateral bending was at 40 degrees, left rotation 80 and right rotation 80 degrees. There was tenderness to palpation of the cervical paravertebral muscles. The examination of the lumbar spine revealed flexion at 55 degrees, extension at 10 degrees, and bilateral lateral bending at 25 degrees. Also, there was tenderness to palpation of the lumbar paravertebral muscles. The sitting straight leg raise caused pain. There was not an examination to reveal her motor strength, sensation, or reflexes. There was not a medication list provided although the examination did reveal that the injured worker was on creams and medications and that she was benefiting from it. The injured worker had an epidural injection and decompression of the lumbar nerve roots bilaterally on L4, L5, and S1. She also had the bilateral L4-5 and L5-S1 facet block. The examination did not reveal the plan of treatment. The Request for Authorization and the rationale were not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment; twelve (12) visits (2 times a week for 6 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation Page(s): 58.

**Decision rationale:** The request for the chiropractic treatment; twelve (12) visits (2 times a week for 6 weeks) is not medically necessary. The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the back, the treatments are a total of up to 18 visits with objective and evidence of functional improvement. The trial initial visits are recommended to have 6 visits over 2 weeks. There is a lack of evidence in documentation in the examination of functional deficits. The injured worker has had previous treatments of physical therapy and there was no progression provided. Furthermore, the request asks for 12 visits and it is unknown if she has had actual chiropractic visits previously and if so, how many sessions and the efficacy of those sessions. If the injured worker has not attended any chiropractic care, the requested number would exceed the guideline recommendation of an initial trial of 6 sessions. There are no functional improvements that have been provided and the 12 visits exceeds the recommended amount of 6 initial visits. The clinical information fails to meet the evidence based guidelines. The request as submitted did not indicate the area of the body the therapy would be provided for. Therefore, the request for the chiropractic therapy is not medically necessary.

**Acupuncture treatment; twelve (12) visits (2 times a week for 6 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for acupuncture treatment; twelve (12) visits (2 times a week for 6 weeks) is not medically necessary. The California MTUS Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The guidelines recommend the optimum duration of 1 to 2 months. There is a lack of evidence of functional deficits. There was not a medication list provided and there was no documentation or evidence that medication was not tolerated. It was reported the injured worker has had previous acupuncture with very little improvement. It was documented that the injured worker has had up

to 26 visits and there was no evidence of functional improvement. Furthermore, the frequency has a duration of 1 to 2 months and the injured worker has already had at least 26 visits. Therefore, the request for 12 more visits is over the recommended amount. There is a lack of evidence to support the medical necessity of acupuncture without further assessment and evaluation. The request as submitted did not specify the area of the body it would be provided to. Therefore, the request for the acupuncture 12 visits is not medically necessary.

**Voltage-actuated sensory conduction:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain Chapter, Neck Chapter; [http://www.anthem.com/ca/medicalpolicies/policies/mp\\_pw\\_a050521.htm](http://www.anthem.com/ca/medicalpolicies/policies/mp_pw_a050521.htm) ; [http://www.aetna.com/cpb/medical/data/300\\_399\\_0357.html](http://www.aetna.com/cpb/medical/data/300_399_0357.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Neck and upper back, current perception threshold test (CPT).

**Decision rationale:** The request for voltage actuated sensory conduction is not medically necessary. The California MTUS/ACOEM Guidelines do not address this request. The Official Disability Guidelines do not recommend the CPT testing. There are no clinical studies demonstrating the quantitative test of sensation to improve management in clinical outcomes of patients. There is insufficient evidence to validate the usage of CPT testing. There is a lack of evidence and there was not a physician's rationale provided to support the medical necessity of a voltage actuated sensory conduction test. The request as submitted did not include where the testing would be performed. Therefore, the request for the voltage actuated sensory conduction is not medically necessary.

**Electromyography (EMG):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** MTUS/ACOEM Guidelines recommend an electromyography if the neurological examination is unclear. The electromyography could help identify several focal neurological dysfunctions in patients with neck or arm symptoms or both lasting more than 3 to 4 weeks. There was a lack of evidence of neurological deficits. The examination did not reveal questionable neurological nerve dysfunction. There was a lack of motor strength test, sensation test, and reflex test. There were no neurodeficits that were documented. The clinical information fails to meet the evidence based guidelines for the request. The request as submitted failed to provide the area of the body the testing was requested for. Therefore, the request for the EMG is not medically necessary.

## **Nerve Conduction Velocity (NCV): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for the nerve conduction velocity (NCV) is not medically necessary. The CA MTUS/ACOEM Guidelines recommend a nerve conduction velocity if the neurological examination is unclear. The nerve conduction velocity could help identify several focal neurological dysfunctions in patients with neck or arm symptoms or both lasting more than 3 to 4 weeks. There was a lack of evidence of neurological deficits. The examination did not reveal questionable neurological nerve dysfunction. There was a lack of motor strength test, sensation test, and reflex test. There were no neurodeficits that were documented. The clinical information fails to meet the evidence based guidelines for the request. The request as submitted failed to provide the area of the body the testing was requested for. Therefore, the request for the NCV is not medically necessary.