

<b>Case Number:</b>	CM14-0182023		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	04/19/2014
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Rehabilitation & Pain Management 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:

The patient is a 55-year-old female with a date of injury of April 19, 2014. The listed diagnoses are thoracic sprain/strain, Myofascitis, lumbar sprain/ strain, DDD at L5-S1, and rule out lumbar radiculitis versus radiculopathy. According to progress report October 2, 2014, the patient presents with frequent, severe, burning low back pain and tingling. Examination revealed motor strength is 5/5 bilaterally in the lower extremities. There is +3 tenderness to palpation of the thoracic paravertebral muscle. Range of motion of the lumbar spine are decreased and painful. Sitting straight leg raise, Kemp's test and Valsalva's causes pain bilaterally. The MRI of the lumbar spine from 9/25/14 revealed 2mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing at levels L4-S1. The treating physician recommends EMG/NCV of the lower extremities, functional capacity exam and acupuncture 2 to 3 times per week for the next six weeks. Utilization review denied the request on October 10, 2014. Treatment reports from June 11, 2014 through October 6, 2014 were provide for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV Lower Extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Electrodiagnostic studies (EDS).

**Decision rationale:** This patient presents with burning low back pain and tingling. The current request is for EMG/NCV lower extremities. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." There is no indication that prior EMG/NCV testing has been provided. Given the patient's continued complaints of pain and neurological examination findings, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The request is medically necessary.

**Functional Capacity Exam:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 48.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, pages 137 and 139, Functional Capacity Evaluations.

**Decision rationale:** This patient presents with burning low back pain and tingling. The current requests for functional capacity exam. A rationale for this request was not given. ACOEM Guidelines, pages 137 and 139 do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster request for it, or if the information from FCEs is crucial. A routine FCE is not supported, and in this case, the treator does not discuss why it is required and there is no information in the medical records provided to indicate that the employer or adjuster have requested a functional capacity evaluation. Therefore, the request is not medically necessary.

**Acupuncture 2-3 Times/ Week X 6 Weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines. Page(s): 8,13. Decision based on Non-MTUS Citation [http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS\\_FinalCleanCopy.doc](http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS_FinalCleanCopy.doc).

**Decision rationale:** This patient presents with burning low back pain and tingling. The current request is for Acupuncture 2 to 3 times/week x6 weeks. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial and with functional improvement, 1 to 2 times per day with optimal duration of 1 to 2 months. Review of the medical file indicates that the patient has a history of conservative treatments including physical therapy and chiropractic treatments. There is no indication that patient has received acupuncture in the past. A trial of 3 to 6 treatments may be indicated for the patient's continued pain, but the treater is requesting an initial 12- 18 treatments, which exceeds what is recommended by MTUS. Therefore, the request is not medically necessary.