

<b>Case Number:</b>	CM14-0039027		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 case involves a 53 year old male who sustained injury on 11/19/2013. The injured worker was pulling a manual jack when he felt a sharp pain in his back. The clinical visit, dated 03/30/2014, noted that the injured worker was seen for a re-evaluation and complained of persistent pain that affected his daily living. He described the pain as beginning as dull and achy and becoming sharp and intense with pain rating of 3/10 to 6/10. The physical examination revealed the injured worker's active range of motion was stiff and painful with lumbar flexion at 60 degrees and extension 20 degrees. His straight leg raises test was positive with muscle guarding noted upon palpation of the lumbar region. The diagnosis included: possible lumbar disc injury; lumbosacral sprain/strain injury; right wrist sprain /strain injury; and myalgia/myositis. The injured worker was educated on treatments he could perform at home which included the use of hot and cold packs for pain release and to decrease local inflammation. It was noted that he was encouraged to perform home exercise that included independent walking and range of motion exercises to tolerance. The rational for the MRI was to rule out disc herniation, stenosis or facet hypertrophy. In addition, the rational for the EMG/NCV studies was to confirm or rule out neuropathy versus radiculopathy. The request for authorization was dated 03/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week times 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Division of Workers' Compensation Subchapter 1.

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

**Decision rationale:** The request for Acupuncture 2 times a week for 4 weeks is not medically necessary. The California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The Guidelines also state that an initial time to produce functional improvement should happen within 3 to 6 treatments and then with further documentation of objective functional gains. It is recommended the frequency be 1 to 3 times per week for an optimum duration of 1 to 2 months. Within the submitted documentation, the injured worker was said to be utilizing home exercise programs that were of passive modalities and had no documentation showing he had been properly educated in the use of a home exercise program with physical modalities. In addition, the request is for 8 sessions of acupuncture, which exceeds the Guideline recommendations for the time to produce functional improvement of 3 to 6 treatments. Furthermore, there was no additional documentation of extenuating circumstances for why the injured worker would need additional time to show functional improvement. Without further documentation and/or submitted medical records, the request cannot be supported by the Guidelines. As such, the request for acupuncture 2 times a week times 4 weeks is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation Low Back Procedure Summary.

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

**Decision rationale:** The request for MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option when neurological examination is less clear. However, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. It is also stated by the Guidelines that indiscriminant imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. Within the submitted documentation, there was no evidence that the injured worker had exhausted conservative care along. In addition, there was no documentation within the physical examination that would indicate the injured worker had significant objective neurological deficiencies other than a straight leg raise test. Without further documentation and/or submitted medical records to

address the aforementioned deficiencies within the review, the request cannot be supported by the Guidelines. As such, the request for MRI of the lumbar spine is not medically necessary.

**Electromyography (EMG) of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation Low Back Procedure Summary.

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

**Decision rationale:** The request for Electromyography (EMG) of the bilateral lower extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. It is also stated by the Guidelines that indiscriminant imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. Within the submitted documentation, there was no evidence that the injured worker had exhausted conservative care. In addition, there was no documentation within the physical examination that would indicate the injured worker had significant objective neurological deficiencies other than a straight leg raise test. Without further documentation and/or submitted medical records to address the aforementioned deficiencies within the review, the request cannot be supported by the Guidelines. As such, the request for Electromyography (EMG) of the bilateral lower extremities is not medically necessary.

**Nerve Conduction Velocity (NCV) of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation; Low Back Procedure Summary.

**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), Nerve conduction studies (NCS).

**Decision rationale:** The request for Nerve Conduction Velocity (NCV) of the bilateral lower extremities is not medically necessary. The California MTUS/ACOEM Guidelines do not specifically address nerve conduction velocity studies of the lower back and secondary Guidelines were sought. The Official Disability Guidelines state that nerve conduction studies are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. Within the submitted medical records, it was noted that there was an indication that the physician was trying to rule out radiculopathy. Consequently, within the physical examination showed no evidence of peripheral nerve involvement through the documentation of

the physical exam or the subjective report. Without further documentation to address the aforementioned deficiencies within the review, the request cannot be supported by the Guidelines. As such, the request for Nerve Conduction Velocity (NCV) of the bilateral lower extremities is not medically necessary.