

<b>Case Number:</b>	CM14-0043447		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; and work restrictions. In a Utilization Review Report dated March 11, 2014, the claims administrator denied a request for six sessions of acupuncture on the grounds that earlier acupuncture had not been deemed beneficial. Twelve sessions of chiropractic manipulative therapy were likewise denied. The claims administrator also denied a back support, citing non-MTUS ODG Guidelines. In each case, the claims administrator did not incorporate cited guidelines into its rationale. The applicant's attorney subsequently appealed. In a February 20, 2014 progress note, the applicant apparently transferred care to a new primary treating provider (PTP). 6-7/10 low back pain was noted. The applicant had reportedly had mild relief from acupuncture. The applicant was represented. It was suggested (but not clearly stated) that the applicant was working modified duty. Tramadol, naproxen, Flexeril, LidoPro, and omeprazole were endorsed. The applicant stated that she was not intended to become pregnant. Twelve sessions of chiropractic manipulative therapy were sought on a trial basis. Six sessions of acupuncture were likewise endorsed. The acupuncture request was described as a renewal request. The attending provider stated that electrodiagnostic testing would be endorsed to help establish the presence or absence of a lumbar radiculopathy. The applicant was given diagnosis of a herniated disk at L4-L5, however. The applicant denied any significant medical history. In an earlier handwritten progress note of February 20, 2014, the applicant was placed off of work, on total disability. On May 22, 2014, the applicant was described as employing naproxen, Flexeril, Topamax, and LidoPro for pain relief. The applicant had an electrodiagnostically

confirmed radiculopathy, it was stated. The applicant had completed six sessions of acupuncture and 12 sessions of manipulative therapy, it was acknowledged. Topical Lidoderm was endorsed. The applicant was placed off of work, on total disability. Lumbar MRI imaging of November 11, 2013 was notable for a small central disk bulge of 3 mm at L4-L5 without significant canal or neuroforaminal narrowing. On March 1, 2014, the applicant was again placed off of work, on total disability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

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

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing to clarify diagnosis of nerve root dysfunction is "recommended." In this case, the applicant has an equivocal lumbar MRI but apparently continued to report complaints of low back pain radiating to the legs. The attending provider nevertheless suspected a lumbar radiculopathy, despite the relative paucity of findings on MRI imaging. EMG testing to clearly establish the presence or absence of radiculopathy was indicated. Therefore, the request was 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diagnostic Testing section.

**Decision rationale:** The MTUS does not address the topic of nerve conduction testing for a primary lumbar spine issue. As noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, nerve conduction testing is recommended when there is suspicion of a peripheral systemic neuropathy of uncertain cause. In this case, however, there is no clearly voiced suspicion of a peripheral neuropathy which would warrant nerve conduction testing of the lower extremities. The applicant did not seemingly carry a diagnosis such as diabetes, hypertension, and/or hypothyroidism which should predispose the applicant toward development of a lower extremity peripheral neuropathy. Therefore, the request was not medically necessary.

**Acupuncture times six (6) for the low back:** Upheld

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

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

**Decision rationale:** The request in question represents a renewal request. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there has been no demonstration of functional improvement with earlier treatment. The applicant remains off of work, on total disability, despite having completed earlier acupuncture. The applicant remains highly reliant on various oral and topical medications, including tramadol, Naprosyn, LidoPro, etc., despite having completed earlier acupuncture. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier acupuncture. Therefore, the request is not medically necessary.

**Chiropractic treatment times twelve (12):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines, page 58, Manual Therapy and Manipulation topic. Page(s): 58.

**Decision rationale:** The request was framed as an initial request for trial of chiropractic manipulative therapy. As noted on page 58 of the MTUS Chronic Medical Treatment Guidelines, however, the time deemed necessary to produce effect following introduction of chiropractic manipulative therapy is "four to six treatments." In this case, thus, the request, as written, represents treatment at a rate two to three times MTUS parameters. No rationale for treatment this far in excess of MTUS parameters was proffered. Therefore, the request is not medically necessary.

**Lumbar support:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports have not been shown to have any benefit outside the acute phase of symptom relief. In this case, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the Utilization Review Report, March 11, 2014 and as of the date of the request, February 20, 2014. Therefore, the request is not medically necessary.