

<b>Case Number:</b>	CM14-0056461		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/04/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/26/2014

### 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 Family 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 injured worker is a 59 year old female who sustained an injury to her low back on 06/04/10 while performing her usual and customary duties as an assistant sales manager, she was walking inside the stocking room when she slipped and fell on her back. She struck her back with a metal rod that was on the ground. She was able to stand on her own after the injury. She noticed that she had sustained a laceration to her back. She presented to the hospital where plain radiographs were obtained that revealed no fractures. She was provided with pain medications and discharged from the hospital. She continued her medical treatment with her private physician. She was provided with additional medications and placed on temporary total disability for 4 months. She underwent physical therapy which she stated was somewhat helpful. She returned to work, but her pain persisted. She began a 2nd regimen of physical therapy and was placed on temporary total disability for an additional 3 months. The progress report dated 03/27/14 was handwritten and difficult to decipher. The injured worker complained of lumbosacral pain frequent, constant that was moderate to severe. Physical examination noted no change in the injured worker's condition with full range of motion. The injured worker was diagnosed with a lumbosacral sprain/strain and recommended to start acupuncture, obtain EMG/NCV of the bilateral lower extremities, continue medications, and return to the clinic on 04/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture on the Lumbar 2-3 x 6:** Upheld

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

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

**Decision rationale:** The injured worker is a 59 year old female who sustained an injury to her low back on 06/04/10 while performing her usual and customary duties as an assistant sales manager, she was walking inside the stocking room when she slipped and fell on her back. She struck her back with a metal rod that was on the ground. She was able to stand on her own after the injury. She noticed that she had sustained a laceration to her back. She presented to the hospital where plain radiographs were obtained that revealed no fractures. She was provided with pain medications and discharged from the hospital. She continued her medical treatment with her private physician. She was provided with additional medications and placed on temporary total disability for 4 months. She underwent physical therapy which she stated was somewhat helpful. She returned to work, but her pain persisted. She began a 2nd regimen of physical therapy and was placed on temporary total disability for an additional 3 months. The progress report dated 03/27/14 was handwritten and difficult to decipher. The injured worker complained of lumbosacral pain frequent, constant that was moderate to severe. Physical examination noted no change in the injured worker's condition with full range of motion. The injured worker was diagnosed with a lumbosacral sprain/strain and recommended to start acupuncture, obtain EMG/NCV of the bilateral lower extremities, continue medications, and return to the clinic on 04/24/14.

**EMG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Occupational Medicine Guidelines, 2nd Edition (2004) pages 308-310

**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 chapter, EMGs (electromyography)

**Decision rationale:** The request for an EMG/NCV of the bilateral lower extremities is not medically necessary. The previous request was denied on the basis that the guideline criteria have not been met as there was no evidence provided of paresthesia. Additionally, detailed evidence of severe and/or progressive neurological abnormalities has not been documented. As such, the request was not deemed as medically appropriate. The Official Disability Guidelines state that EMG may be recommended as an option. EMGs may be used to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Regarding nerve conduction studies, the Official Disability Guidelines state that this modality is not recommended for the low back. There is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. Current systematic studies and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniations with suspected radiculopathy. In the management of spine

trauma with radicular symptoms, EMG/nerve conduction studies often have low combined sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Given this, the request for an EMG/NCS of the bilateral lower extremities is not indicated as medically necessary.

**NCV:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Occupational Medicine Guidelines, 2nd Edition (2004) pages 308-310

**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 chapter, Nerve conduction studies (NCS)

**Decision rationale:** The request for an EMG/NCV of the bilateral lower extremities is not medically necessary. The previous request was denied on the basis that the guideline criteria have not been met as there was no evidence provided of paresthesia. Additionally, detailed evidence of severe and/or progressive neurological abnormalities has not been documented. As such, the request was not deemed as medically appropriate. The Official Disability Guidelines state that EMG may be recommended as an option. EMGs may be used to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Regarding nerve conduction studies, the Official Disability Guidelines state that this modality is not recommended for the low back. There is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. Current systematic studies and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniations with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have low combined sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Given this, the request for an EMG/NCS of the bilateral lower extremities is not indicated as medically necessary.