

<b>Case Number:</b>	CM14-0074379		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/30/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 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, ankle, foot, knee, neck, and hip pain reportedly associated with an industrial injury of December 30, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy, including at least 23 sessions documented by the claims administrator; 16 sessions of acupuncture, per the claims administrator; and electrodiagnostic testing of September 4, 2013, notable for a chronic L5 nerve root irritation. In a Utilization Review Report dated May 14, 2014, the claims administrator denied a request for repeat electrodiagnostic testing of the left lower extremity and also denied a request for eight sessions of acupuncture. Non-MTUS-ODG guidelines were invoked to deny the nerve conduction testing component of the request, along with now-outdated 2007 Acupuncture Guidelines, which the claims administrator mislabeled as originating from the current MTUS. The applicant's attorney subsequently appealed. In an April 10, 2014 progress note, the applicant reported multifocal neck, bilateral knee, and right hip pain. The applicant was status post left ankle surgery in 2011 and left knee steroid injection therapy in 2013, it was stated. The applicant's blood pressure was elevated. The applicant had a history of earlier ankle crush injury/ankle fracture, it was stated, and had residuals of the same. Electrodiagnostic testing of the left lower extremity was ordered to rule out tarsal tunnel syndrome. A rather proscriptive 10-pound lifting limitation was endorsed. Naprosyn, Prilosec, and Zestril were also prescribed. It was suggested that the applicant was not working with said limitation in place. In an earlier handwritten note of January 16, 2014, difficult to follow, not entirely legible, the applicant reported multifocal pain complaints, 3/10. It appeared that the applicant's primary pain generator was the low back, although again, the note was extremely difficult to follow and difficult to discern.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat EMG-left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is "not recommended." In this case, the attending provider stated that he was searching for a possible tarsal tunnel syndrome in the order section of the report, the attending provider did not furnish any clinical documentation suggestive of a tarsal tunnel syndrome. In the subjective section of the April 10, 2014 progress note on which the request was initiated, the attending provider reported complaints of neck, bilateral knee, and right hip pain. There was no explicit mention of any issues with left ankle or left foot pain paresthesias which would compel electrodiagnostic testing of the left lower extremity. Therefore, the request is not medically necessary.

**Nerve conduction studies (NCS) left lower extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is "not recommended." In this case, the attending provider did not report any complaints of foot and ankle pain and/or associated paresthesias which would suggest tarsal tunnel syndrome or another entrapment neuropathy on the office visit on which the request was initiated, April 10, 2014. On that date, the attending provider reported complaints of neck pain, bilateral knee pain, and right hip pain. There was no mention of any foot and ankle pain issues, let alone foot or ankle paresthesias which would compel nerve conduction testing of the left lower extremity. Therefore, the request is not medically necessary.

**Acupuncture 2 x 4-Left ankle/foot:** Upheld

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

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

**Decision rationale:** The request in question represents a repeat request for acupuncture. The applicant has had extensive prior acupuncture, something on the order of 16 sessions of acupuncture in 2012 and 2013, it has been posited by the claims administrator. As noted in MTUS 9792.24.1.d, acupunctures may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the applicant has a rather proscriptive 10-pound lifting limitation which remains in place, seemingly unchanged, from visit to visit. The applicant does not appear to be working as a security guard with said limitation in place. The applicant remains highly reliant and highly dependent on numerous analgesic and adjuvant medications, including Naprosyn and tramadol. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier extensive acupuncture during the course of the claim. Therefore, the request for additional acupuncture is not medically necessary.