

<b>Case Number:</b>	CM14-0085681		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Practice and is licensed to practice in Ohio. 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 was evidently struck by a truck on his backside on December 3, 2013. He sustained neck and back injuries as a result. His physical exam revealed tenderness and diminished range of motion of the neck, tenderness and diminished range of motion of the lumbar spine and associated musculature, positive straight leg raise testing bilaterally, and globally diminished sensation in the left lower extremity. He was treated conservatively with physical therapy and anti-inflammatories. It appears that he had a total of 12 or more physical therapy appointments. He had an initial acupuncture appointment on April 29, 2014 and it appears he's had six acupuncture treatments to date. There is documentation to support that his neck pain and range of motion have improved. He has had epidural steroid injections in the lumbar regions. His level of back pain appears to be no different following the epidural steroid injections and he continues to have globally diminished sensation to left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Acupuncture; two to three (2-3) times per week for six (6) weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Definitions Section Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Neck and Upper Back Pain Section, <Acupuncture Topic>.

**Decision rationale:** Acupuncture is under study for the upper back, but not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy for acupuncture and chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically significant effect compared with placebo. With regard to the neck and upper back, the ODG acupuncture guidelines allow for an initial trial of 3 to 4 visits over two weeks. With evidence of objective functional improvement a total of up to 8-12 visits over 4 to 6 weeks may be utilized. Functional improvement as defined by the MTUS as either a clinically significant improvement in activities of daily living or reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the official medical fee schedule. In this instance, we have only one initial acupuncture note. There is no documentation of functional improvement as defined by the MTUS and the number of additional treatments exceeds the 8-12 visits called for in the event of functional improvement. Therefore, continued acupuncture, 2-3 times per week for six weeks is medically unnecessary.

**EMG Lower Extremity:** Upheld

**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 Section>, <Electromyography Topic>.

**Decision rationale:** The official disability guidelines state that electromyograms may be useful to obtain unequivocal evidence of a radiculopathy, after one month conservative therapy, but EMGs are not necessary if a radiculopathy is already clinically obvious. In this instance, the injured worker has evidence of nerve root impingement to the left lower extremity by subjective history and by objective physical exam observations which correlate well with MRI findings. Therefore, an electromyogram of the lower extremities is not medically necessary.

**NCV 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, EMGs (electromyography) and nerve conduction studies (NCS) sections.

**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 Section>, <Nerve Conduction Velocity Testing Topic>.

**Decision rationale:** Per the above guidelines, nerve conduction studies are not recommended when a patient is presumed to have symptoms on the basis of a radiculopathy. 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 these often uncomfortable and costly studies. Again, the injured worker had subjective and objective findings to clearly suggest a radiculopathy. Therefore, nerve conduction velocity testing of the lower extremities is not medically necessary.