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| Case Number: | CM14-0092564 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 11/19/2013 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 05/13/2014 |
| Priority: | Standard | Application Received: | 06/18/2014 |

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 60 year old with an injury date on 11/19/13. Patient complains of constant lower lumbar pain with radiation into bilateral lower extremities, left > right per 5/28/14 report. Patient states pain radiates into her right outer leg and left ankle per 5/28/14 report. The right hand/wrist/elbow pain from original injury has resolved since being off work per 5/28/14 report. Based on the 5/28/14 progress report provided by [REDACTED] the diagnoses are: 1. injury lumbar spine 2. lumbar/lumbosacral disc degeneration Exam on 5/28/14 showed "L-spine range of motion is decreased with bilateral guarding paravertebral tenderness. Straight leg raise positive on left. Stands flexed forward 10 degrees, difficulty toe-heel walking." [REDACTED] is requesting EMG bilateral upper extremities, NCV bilateral upper extremities, and additional acupuncture 2x week for 4 weeks. The utilization review determination being challenged is dated 5/13/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/28/14 to 5/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 260-262.

Decision rationale: This patient presents with lower back pain radiating into bilateral legs. The treater has asked for EMG bilateral upper extremities on 5/28/14. Review of the reports does not show any evidence of EMGs of upper extremities being done in the past. In reference to specialized studies of the neck, ACOEM guidelines state that electromyography tests may help differentiate CTS from radiculopathy. In this patient, there are no radiating symptoms down the arm with radicular symptoms that appear to have resolved. The treater does not explain why EMG is needed. In this case, patient's upper extremity radicular symptoms have resolved, and the requested EMG bilateral upper extremity is no longer medically necessary and not indicated at this time.

Nerve conduction velocity (NCV) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: This patient presents with lower back pain radiating into bilateral legs. The treater has asked for NCV bilateral upper extremities on 5/28/14. Regarding NCV for the Neck and Upper Back, ACOEM states: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may be utilized to differentiate CTS from radiculopathy. In this patient, the hand/arm symptoms have resolved, and the requested NCV bilateral upper extremities is no longer medically necessary and not indicated at this time. Recommendation is for denial.

Additional acupuncture 2 x week for 4 weeks.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with lower back pain radiating into bilateral legs. The treater has asked for additional acupuncture 2 times a week for 4 weeks on 5/28/14. Review of the reports does not show any evidence of prior acupuncture treatment. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, a trial of up to 6 sessions of acupuncture would be indicated, but the requested 8 sessions of acupuncture exceeds MTUS guidelines for this type of condition. The request is not medically necessary.