

<b>Case Number:</b>	CM14-0164259		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	05/04/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 33-year-old female, who sustained an industrial injury on 5/4/2014. She reported slipping and falling on the stairs, landing on her buttocks, injuring her back and left elbow. Diagnoses have included post-traumatic anxiety, cervical sprain/strain, dorsal sprain/strain, lumbar sprain/strain, left shoulder sprain/strain, left elbow contusion, left hip sprain/strain, left thigh/leg pain, left knee sprain/strain and insomnia. Treatment to date has included physical therapy and medication. According to the progress report dated 9/9/2014, the injured worker complained of anxiety, depression, and insomnia. She complained of pain in her shoulders, arms, elbows, forearms, mid/low back, hips, thighs, knees and legs. Exam of the cervical spine revealed tenderness with muscle spasms. Range of motion was painful and restricted. Exam of the bilateral shoulders revealed tenderness with spasms. Exam of the bilateral upper extremities revealed diffuse tenderness and painful, restricted range of motion. There was tenderness to palpation over the bilateral hips and left sciatic notch. Exam of the lumbar spine revealed tenderness with muscle spasms and restricted range of motion. Authorization was requested for acupuncture and electromyography (EMG)/nerve conduction velocity (NCV) study, Somatosensory evoked potentials (SEPs) bilateral upper and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 8 weeks: Upheld**

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

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

**Decision rationale:** The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. The request for 8 sessions is in excess of the recommended trial of acupuncture to determine if this treatment modality will provide functional improvement in this injured worker. The request for Acupuncture 2 times a week for 8 weeks is therefore determined to not be medically necessary.

**EMG/NCV Study- SEEP Bilateral Upper & Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck & Upper Back, electromyography (EMG) , nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 303. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Nerve Conduction Studies (NCS) Section.

**Decision rationale:** The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. The assessment may include sensory- evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. In this case, stenosis or spinal cord myelopathy is not suspected. While EMG studies are appropriate in this case, NCV is not appropriate unless the initial evaluation with EMG is equivocal. SEEP's is not indicated. The request for EMG/NCV Study, SEEP Bilateral Upper & Lower Extremities is determined to not be medically necessary.