

Case Number:	CM14-0193956		
Date Assigned:	12/01/2014	Date of Injury:	04/19/2013
Decision Date:	01/16/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/19/2014

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 & 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:

This patient is a 46 year old female with a date of injury of 4/19/13. The listed diagnoses are s/p fall, lumbar sprain and contusion with radicular complaints, cervical sprain with radicular complaints. MRI of the lumbar spine showed "evidence of disc protrusion L4-5." MRI of the cervical spine revealed "disc degeneration and protrusion." The MRI reports were not provided for my review. Per treating physician report 10/20/14, the patient presents with moderate low back and neck pain. The neck pain is rated as 4/10 and radiates into the left arm. The low back pain is rated as 4/10 and the pain travels to her bilateral legs, left greater than right with numbness and tingling. The patient recently reported undergoing LESI with temporary relief. Examination of the cervical spine revealed slight increase of trapezius tenderness. Muscle spasms are noted in the trapezius musculature. Patient demonstrates some guarding and range of motion is decreased. There is motor weakness in the left arm and sensory deficits noted throughout LUE. Positive cervical distraction test is noted. Examination of the lumbar spine revealed paralumbar tenderness upon palpation, specifically over the left greater than right level of the L4-L5 facets. Paralumbar muscle spasms and restricted ROM was noted. Sensory deficits are observed throughout the left lower extremity and positive SLR is noted. Manual motor tested demonstrated 4+/5 at left. The treatment plan is for Acupuncture, EMG/NCV of the bilateral upper and lower extremities. The utilization review denied the request on 10/29/14.

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 4 weeks for the lumbar and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: This patient presents with moderate low back and neck pain that radiates into the lower and upper extremities. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. Review of the medical file indicates that the patient has a history of conservative treatments including physical therapy, medications and injections. There is no indication that patient has received acupuncture in the past. A trial of 3 to 6 treatments may be indicated for the patient's continued pain, but the physicians requesting an initial 8 treatments, which exceeds what is recommended by MTUS. The requested 8 acupuncture visits are not medically necessary.

EMG/NCV bilateral upper extremities (BUE): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Electrodiagnostic studies (EDS)

Decision rationale: This patient presents with moderate low back and neck pain that radiates into the lower and upper extremities. The treating physician states that an EMG/NCV is being requested "to verify radicular complaints." ACOEM Guidelines page 262 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. ODG further states regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." The patient has continued complaints of radiating pain into the upper extremities, and there are no prior EMG/NCV testing found in the medical records provided. The MRI report is inconclusive regarding neural impingement and the treating physician is unclear if radiculopathy is present and is requesting diagnostic testing for clinical verification of radiculopathy. The requested EMG/NCV of the upper extremities is medically necessary.

EMG/NCV bilateral lower extremities (BLE): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, EMGs (electromyography)

Decision rationale: This patient presents with moderate low back and neck pain that radiates into the lower and upper extremities. The treating physician states that an EMG/NCV is being requested "to verify radicular complaints." ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." There is no indication that prior EMG/NCV testing has been provided. Given the patient's continued complaints of pain and neurological examination findings, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The requested EMG/NCV of the lower extremities is medically necessary.