

<b>Case Number:</b>	CM14-0208671		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 patient is a 36-year-old male who was injured on June 30, 2014. The patient continued to experience pain in his low back and numbness and tingling in both hands. Physical examination was notable for tenderness to palpation over the posterior paravertebral musculature, tenderness to the bilateral sacroiliac joints, positive straight leg raise, tenderness over the flexor and extensor tendons of both hands, and decreased sensation in the bilateral median nerve distribution. Diagnoses included lumbar musculoligamentous sprain/strain, bilateral leg radiculitis, and bilateral wrists sprain/strain with tenosynovitis. Treatment included acupuncture, physical therapy, medications, and home exercise program. Requests for authorization for six acupuncture sessions for lumbar spine and bilateral hands, EMG/NCV of the bilateral upper extremities, and sonata 10 mg #30 were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 Acupuncture Sessions for the Lumbar Spine & Bilateral Hands: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** Section 9792.24.1 of the California Code of regulations states that Acupuncture is used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture with electrical stimulation is the use of electrical current on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. Specific indications for treatment of pain include treatment of joint pain, joint stiffness, soft tissue pain and inflammation, paresthesias, post-surgical pain relief, muscle spasm and scar tissue pain. Official Disability Guidelines states that acupuncture is not recommended for acute back pain, but is recommended as an option for chronic low back pain in conjunction with other active interventions. Acupuncture is recommended when use as an adjunct to active rehabilitation. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments. 2) Frequency: 1 to 3 times per week. 3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, the patient had prior 6 acupuncture treatments with no documentation of objective evidence of functional improvement. Therefore, this request is not medically necessary.

**EMG/NCV of the Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome

**Decision rationale:** According to the guidelines, Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Electrodiagnostic studies for carpal tunnel syndrome are recommended in patients who may be a candidate for surgery. In this case, there is no documentation of radicular pain. There are possible deficits in the median nerve, but there is no documentation that the patient is a potential surgical candidate. Therefore, this request is not medically necessary.

**Sonata 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment and on Other Medical Treatment Guideline or Medical Evidence: Drugs for Insomnia, Treatment Guidelines from The Medical Letter, July 1, 2012 (Issue 119) page 57

**Decision rationale:** According to the guidelines, insomnia treatment should be based on etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Sonata is Zaleplon, a benzodiazepine receptor agonist, used for the treatment of insomnia. It may impair performance in the morning, including driving. Anterograde amnesia can occur. Complex sleep-related behaviors may occur without conscious awareness. Like the benzodiazepines, benzodiazepine receptor agonists are schedule IV controlled substances. Withdrawal, dependence and abuse can occur. In this case, there is no documentation that the patient is suffering from a sleep disturbance. There is no indication for the medication and any benefit is outweighed by the risk of adverse effects. Therefore, this request is not medically necessary.