

<b>Case Number:</b>	CM15-0006475		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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, Massachusetts

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 64 year old female who suffered a work related injury on 06/09/10. MRI on 10/9/14 reports that there is 5mm disc bulging at L5-S1 causing moderate left and mild right foraminal neural narrowing. Per the physician notes from 11/19/14 she complains of lumbar spine pain rated at 7/10. She reports acupuncture treatments decrease her pain and provides mobility. On physical exam there is decreased peripheral sensation and positive straight leg raise. The treatment plan includes Vicodin, Etodolac, acupuncture treatments. Diagnostic studies are not planned per the notes. On 12/12/14, the Claims Administrator non-certified an EMG/NCS of the bilateral lower extremities because of no documented neurological exam, citing ACOEM guidelines. Acupuncture was also non-certified, citing MTUS guidelines and stating that previous trial of acupuncture was not sufficiently cited as being beneficial in terms of objective outcomes. The non-certified treatments were subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral lower extremities:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8. Decision based on Non-MTUS Citation 772.0 EMG/NCS

**Decision rationale:** According to both ACOEM and ODG guidelines EMG/NCS is an appropriate test to detect neurologic abnormalities and to clarify if nerve root dysfunction is present in suspected cases of disc herniation either preoperatively or before disc herniation. The peer reviewer stated that the intervention is not appropriate since there was no supporting evidence on physical exam. According to the guidelines EMG is indicated for diagnosis of nerve root involvement if findings of history, physical exam and imaging study are consistent. According to my review of the clinic records the treating provider has reported evidence on neurological exam that suggest suspected diagnosis of nerve root involvement. This includes positive straight leg raise and decreased sensation. These findings in addition to history suggestive of neuropathic pain (tingling, numbness) and MRI showing diffuse large disc bulges, indicate that EMG/NCS is an appropriate and necessary test at this time.

**Acupuncture x8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the provided medical records the injured worker has already received 24 sessions of acupuncture and per the reporting physician has had "benefit", however the extent of the benefit in terms of symptom, objective improvement in physical exam or functional capacity has not been outlined in the provided records. Considering that efficacy has not been substantiated on the 24 sessions already obtained, approval of further sessions is not supported by the provided records and cited guidelines.