

<b>Case Number:</b>	CM15-0008921		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	01/04/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old male, who sustained an industrial injury on 1/4/13. He has reported back pain. The diagnoses have included lumbar strain/sprain. Treatment to date has included diagnostics, medications, conservative measures, physical therapy and acupuncture. Currently, the IW complains of joint pain, soreness, muscle spasms and numbness with radiation of pain. He also has difficulty sleeping. The physical exam revealed tenderness to paraspinal with spasms, frequent numbness/tingling right foot and positive SLR. The pain with medication is rated 4/10 and without medication is rated 7/10. The medications improve his ability to perform activities of daily living (ADL's) and sleep. Magnetic Resonance Imaging (MRI) lumbar spine dated 4/21/14 revealed scoliosis, stenosis, and disc protrusion. On 12/23/14 Utilization Review non-certified a request for Additional acupuncture 2x/week for 3 weeks, MRI of the lumbar spine, EMG/NCV of the right lower extremities, and Home EMS Unit (H-wave), noting there has been 8 sessions of acupuncture with no mention of functional benefit, guidelines do not support additional acupuncture. Regarding the MRI of the lumbar spine, there are no focal neurological symptoms, lumbar Magnetic Resonance Imaging (MRI) was done on 4/21/14 and guidelines do not support another Magnetic Resonance Imaging (MRI). Regarding the EMG/NCV of the right lower extremities, there are no objective focal neurological findings and the guidelines do not support electrodiagnostic testing. Regarding the Home EMS Unit (H-wave), there was no mention of failed trial of generic Transcutaneous Electrical Nerve Stimulation (TENS) or modified work trail and the guidelines do not support electrostimulation

treatment. The (MTUS) Medical Treatment Utilization Schedule, (ACOEM) Occupational Medicine Practice Guidelines and Official Disability Guidelines (ODG) guidelines was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional acupuncture 2x/week for 3 weeks:** Upheld

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

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

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions" and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is no documentation of functional improvement as outlined above from prior acupuncture. In the absence of such documentation, the currently requested acupuncture is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, MRI

**Decision rationale:** Regarding the request for lumbar MRI, CA MTUS and ACOEM do not address repeat MRIs. ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, the patient was noted to have undergone MRI imaging earlier in 2014 and there is no documentation of a significant change in symptoms and/or findings suggestive of significant pathology. There is no indication of any red flags or objective findings that identify specific nerve compromise on the neurologic exam. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

**EMG/NCV of the right lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low Back Chapter, Electrodiagnostic Studies

**Decision rationale:** Regarding the request for EMG/NCV, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise. In the absence of such documentation, the currently requested EMG/NCV is not medically necessary.

**Home EMS Unit (H-wave):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117-118.

**Decision rationale:** Regarding the request for H-wave, Chronic Pain Medical Treatment Guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications plus transcutaneous electrical nerve stimulation. Within the documentation there is not indication that the patient has undergone a one-month TENS trial as recommended by guidelines, including documentation of how often the unit was used and outcomes in terms of pain relief, functional improvement, medication usage, etc. Furthermore, there is no documentation of a one-month trial of H-Wave utilizing the same criteria outlined above after failure of a TENS trial. In the absence of such documentation, the currently requested H-Wave is not medically necessary.