

<b>Case Number:</b>	CM15-0106760		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Internal 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 46-year-old female, who sustained an industrial injury on 6/18/14. She has reported initial complaints of bilateral upper extremities and bilateral knee injuries. The diagnoses have included cervical strain, cervical degenerative disc disease (DDD), strain of the lumbar spine with radiculopathy, lumbar degenerative disc disease (DDD), and right shoulder impingement syndrome, status post arthroscopy of the left shoulder, sprain/contusion of bilateral knees, possible internal derangement and osteoarthritis of the bilateral knees. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 4/12/15, the injured worker complains of constant pain and stiffness in the neck, bilateral shoulders, low back pain that travels to the bilateral extremities, she walks with a limp and pain in both knees with popping, locking and giving way. The physical exam of the cervical spine reveals spasms with tenderness and decreased cervical range of motion. The right shoulder has tenderness; abduction is 120 degrees, positive impingement sign, and positive Hawkin's test. The left shoulder has tenderness, abduction to 110 degrees, positive impingement sign, and positive Hawkin's test. The lumbar spine reveals tenderness, spasm, and decreased lumbar range of motion. The lower extremity exam reveals tenderness in the sciatic nerve to the calf. The right knee has swelling with tenderness, range of motion is 5-120 degrees and McMurray's test is positive. The left knee reveals swelling with tenderness, range of motion is 5-120 degrees, McMurray's test, the patellofemoral compression test and apprehension test are positive. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 2/11/15 reveals disc desiccation and disc protrusion. There is no previous therapy sessions noted in the records.

The physician requested treatments included 12 Acupuncture sessions, 1 electromyography (EMG)/nerve conduction velocity studies (NCV) of bilateral upper extremities and 1 electromyography (EMG) /nerve conduction velocity studies (NCV) of bilateral lower extremities.

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

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

#### **12 Acupuncture sessions: Upheld**

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

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. The time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Per MTUS, functional improvement means 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. The primary treating physician report dated April 20, 2015 documented present complaints. She has constant pain and stiffness in her neck, increased with movements of her head up, down, or sideways. She has low back pain with traveling pain to the lower extremities. She walks with a noticeable limp. She has increased low back pain with prolonged sitting and attempts of lifting and bending. The patient attended courses of physical therapy treatments. Physical examination of the upper extremities was documented. There is no gross motor or sensory deficit. Deep tendon reflexes are 1+ and symmetrical in both elbows and wrists. Physical examination of the lower extremities was documented. There is no motor or sensory deficit. There is tenderness in the direction of the sciatic nerve down to the calf. Deep tendon reflexes are 2+ and symmetrical in both knees and ankles. Diagnoses were musculoligamentous strain of the cervical spine, degenerative disc disease of the cervical spine at C5/6, musculoligamentous strain of the lumbar spine with lumbar radiculopathy, degenerative disc disease of the lumbar spine at L5/S1 greater than L3/4 and L4/5. Acupuncture twice a week for six weeks (12) was requested. MTUS Acupuncture Medical Treatment Guidelines indicate that the time to produce functional improvement is 3 to 6 treatments. The request for 12 acupuncture treatments exceeds MTUS guidelines, and is not supported. Therefore, the request for 12 acupuncture treatments is not medically necessary.

#### **1 EMG/NCS of bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 261, 178, Chronic Pain Treatment Guidelines electro diagnostic studies (EDST).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Nerve conduction studies (NCS). Work Loss Data Institute <http://www.guideline.gov/content.aspx?id=47589>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses nerve conduction studies (NCS). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints (Page 178) states that nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) indicates that nerve conduction studies (NCS) are not recommended to demonstrate radiculopathy. MTUS addresses EMG electromyography. ACOEM 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) indicates that EMG electromyography for diagnosis of nerve involvement, if findings of history, physical exam, and imaging study are consistent, is not recommended. Electromyography (EMG) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) indicate that EMG is not necessary for the diagnosis of intervertebral disk disease with radiculopathy. The primary treating physician report dated April 20, 2015 documented present complaints. She has constant pain and stiffness in her neck, increased with movements of her head up, down, or sideways. She has low back pain with traveling pain to the lower extremities. She walks with a noticeable limp. She has increased low back pain with prolonged sitting and attempts of lifting and bending. The patient attended courses of physical therapy treatments. Physical examination of the upper extremities was documented. There is no gross motor or sensory deficit. Deep tendon reflexes are 1+ and symmetrical in both elbows and wrists. Physical examination of the lower extremities was documented. There is no motor or sensory deficit. There is tenderness in the direction of the sciatic nerve down to the calf. Deep tendon reflexes are 2+ and symmetrical in both knees and ankles. Diagnoses were musculoligamentous strain of the cervical spine, degenerative disc disease of the cervical spine at C5/6, musculoligamentous strain of the lumbar spine with lumbar radiculopathy, degenerative disc disease of the lumbar spine at L5/S1 greater than L3/4 and L4/5. EMG and nerve conduction studies of the upper and lower extremities were requested. No rationale for electro diagnostic studies was documented. No motor or sensory neurologic deficits were documented. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) indicates that nerve conduction studies (NCS) are not recommended to demonstrate radiculopathy. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) indicate that EMG is not necessary for the diagnosis of intervertebral disk disease with radiculopathy. The request for electro diagnostic studies of bilateral upper extremities is not supported by clinical practice guidelines. Therefore, the request for EMG / NCS of bilateral upper extremities is not medically necessary.

**1 EMG/NCS of bilateral lower 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, electromyography of low back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) Nerve conduction studies (NCS). ACOEM 3rd Edition 2011 Low back disorders <http://www.guideline.gov/content.aspx?id=38438> Work Loss Data Institute Low back <http://www.guideline.gov/content.aspx?id=47586>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses electromyography (EMG). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints state that EMG for clinically obvious radiculopathy is not recommended. EMG is recommended to clarify nerve root dysfunction. Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) states that nerve conduction studies (NCS) are not recommended. Work Loss Data Institute guidelines for the low back states that nerve conduction studies (NCS) are not recommended. The primary treating physician report dated April 20, 2015 documented present complaints. She has constant pain and stiffness in her neck, increased with movements of her head up, down, or sideways. She has low back pain with traveling pain to the lower extremities. She walks with a noticeable limp. She has increased low back pain with prolonged sitting and attempts of lifting and bending. The patient attended courses of physical therapy treatments. Physical examination of the upper extremities was documented. There is no gross motor or sensory deficit. Deep tendon reflexes are 1+ and symmetrical in both elbows and wrists. Physical examination of the lower extremities was documented. There is no motor or sensory deficit. There is tenderness in the direction of the sciatic nerve down to the calf. Deep tendon reflexes are 2+ and symmetrical in both knees and ankles. Diagnoses were musculoligamentous strain of the cervical spine, degenerative disc disease of the cervical spine at C5/6, musculoligamentous strain of the lumbar spine with lumbar radiculopathy, degenerative disc disease of the lumbar spine at L5/S1 greater than L3/4 and L4/5. EMG and nerve conduction studies of the upper and lower extremities were requested. No rationale for electro diagnostic studies was documented. No motor or sensory neurologic deficits were documented. Per ACOEM, EMG for clinically obvious radiculopathy is not recommended. Official Disability Guidelines (ODG) indicate that nerve conduction studies (NCS) are not recommended. The request for electromyography (EMG) and nerve conduction velocity (NCV) is not supported by MTUS, ACOEM, ODG, or Work Loss Data Institute guidelines. Therefore, the request for EMG / NCS of bilateral lower extremities is not medically necessary.