

<b>Case Number:</b>	CM15-0107484		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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, Indiana, New  
York 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 42 year old female who reported an industrial injury on 3/4/2013. Her diagnoses, and/or impressions, are noted to include: underlying left hip avascular necrosis (non-industrial), with severe degenerative joint disease; lumbar musculoligamentous sprain/strain with lumbar discopathy; anxiety and depression. Her history notes a previous industrial injury to the left knee on 6/19/2004. Recent radiographic films of the lumbar spine and the bilateral hips were noted on 3/30/2015, and noting abnormal findings in the left hip. Her treatments have included injection therapy; an agreed medical examination on 3/19/2015, with supplemental report on 3/26/2015; medication management; and rest from work. The progress notes of 4/21/2015 noted reports of constant, severe, radiating, and unchanged pain in the low back and left hip, aggravated by all activities and prolonged sitting. The low back pain was said to be associated with numbness and tingling, and radiate into the hip and lower extremities. Objective findings were noted to include tenderness and pain to palpation, with guarded and restricted range-of-motion in the mid-distal lumbar spine; and a limp with use of cane, tenderness in the left hip with positive Fabere's and Trendelenburg signs, and painful range-of-motion of the left hip. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the left hip, acupuncture of the lumbar spine and left hip, and electromyogram of the bilateral lower extremities.

### 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 (8 visits) for the lumbar spine and left hip:** 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 (ODG) Pain section, Acupuncture treatment.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two times per week times four weeks (eight visits) to the lumbar spine and left hip is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three - four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are left hip avascular necrosis with severe degenerative joint disease; and lumbar discopathy. The injured worker is not received acupuncture to date area acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. A 3 to 4 visit initial trial is indicated. However, the guidelines recommend acupuncture be used in conjunction with other interventions. There are no other interventions documented in the medical record (physical therapy) other than ongoing medication use. The injured worker did receive a short course of physical therapy to the left hip, but was unable to tolerate physical therapy to left hip. There is no other documentation of prior physical therapy in the medical record. The documentation shows the injured worker is waiting for a hip specialist for a left total hip arthroplasty and is taking medications. Additionally, the treating provider requested eight acupuncture visits. The guidelines recommend a 3 to 4 visit initial trial. The requesting provider exceeded the recommended guidelines for acupuncture treatment. Consequently, acupuncture as a stand-alone treatment is not clinically indicated. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines and a request for eight visits that exceeds the recommended guidelines acupuncture two times per week times four weeks (eight visits) to the lumbar spine and left hip 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): Table 12-8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are left hip avascular necrosis with severe degenerative joint disease; and lumbar discopathy. There are no other interventions documented in the medical record (physical therapy) other than ongoing medication use. The injured worker did receive a short course of physical therapy to the left hip, but was unable to tolerate physical therapy to left hip. There is no other documentation of prior physical therapy in the medical record. MRI is the test of choice in uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. The injured worker received a short course of physical therapy to the left hip, but has not received any additional conservative treatment (physical therapy) that the lumbar spine. Consequently, absent clinical documentation with the without objective functional improvement as a result of physical therapy, MRI of the lumbar spine is not medically necessary.

**EMG to the BLE (bilateral lower extremities):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

**Decision rationale:** Pursuant to the Official Disability Guidelines, bilateral lower extremity EMGs are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are left hip avascular necrosis with severe degenerative joint disease; and lumbar discopathy. There are no other interventions documented in the medical record (physical therapy) other than ongoing medication use. The injured worker did receive a short course of physical therapy to the left hip, but was unable to tolerate physical therapy to left hip. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. There is no other documentation of prior physical therapy in the medical record. The injured worker received a short course of physical

therapy to the left hip, but has not received any additional conservative treatment (physical therapy) to the lumbar spine. Consequently, absent clinical documentation with or without objective functional improvement as a result of physical therapy (conservative therapy), bilateral lower extremity EMG is not medically necessary.