

Case Number:	CM15-0108294		
Date Assigned:	06/12/2015	Date of Injury:	01/21/2012
Decision Date:	07/17/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/04/2015

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

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 31-year-old male who sustained a work related injury January 21, 2012. According to a follow-up consultation, primary treating physician's report, dated April 6, 2015, the injured worker presented with complaints of low back pain, rated 7/10, with left lower extremity symptoms, cervical pain, 6/10 and thoracic pain 5/10. He reports his medications at the current dosage are assisting him performing light household duties, shopping, cooking, and grooming and adhering to an exercise program. Objective findings included tenderness in the lumbar spine, range of motion flexion 40 degrees, extension 35 degrees, left and right lateral tilt 35 degrees, and left and right rotation 30 degrees. There is diminished sensation right L4, L5, S1 dermatomal distributions. There is tenderness of the cervical and thoracic spine with range of motion limited in all planes. Diagnoses are documented as progressive neurologic deficit; right greater than left L4, L5, S1; lumbar radiculopathy; lumbar, cervical and thoracic spondylosis. At issue is the request for authorization for acupuncture and electro diagnostic studies (EMG/NCV) bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture at 2 times per week for 4 weeks for cervical, thoracic and lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient was injured on 01/21/12 and presents with low back pain, increasing right lower extremity symptoms, cervical spine pain, and thoracic spine pain. The request is for acupuncture at 2 times per week for 4 weeks for cervical, thoracic, and lumbar "to decrease inflammation and pain and facilitate diminution in medication consumption." The RFA is dated 05/01/15 and the patient is permanent and stationary. The 04/06/15 report indicates that the patient has had prior acupuncture sessions. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), A significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. He has tenderness along the lumbar spine, a decreased lumbar spine range of motion, diminished sensation at the right L4, L5, and S1 dermatomal distributions, tenderness along the cervical/thoracic spine, and a limited range of motion for the cervical/thoracic spine. The patient is diagnosed with progressive neurologic deficit, right greater than left L4, L5, S1; lumbar radiculopathy; lumbar, cervical and thoracic spondylosis. It appears that the patient has already had acupuncture sessions prior to this request. However, it is unknown how many total sessions of acupuncture the patient has had to date and there is no documentation of how this acupuncture impacted the patient's pain and function. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of acupuncture cannot be reasonably warranted as the medical necessity. The requested 8 sessions of acupuncture IS NOT medically necessary.

EMG/NCV BLE, a repeat: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter, EMGs – electromyography Low Back chapter, Nerve conduction studies -NCS.

Decision rationale: The patient was injured on 01/21/12 and presents with low back pain, increasing right lower extremity symptoms, cervical spine pain, and thoracic spine pain. The request is for EMG/NCV of bilateral lower extremity, a repeat "provided neurologic changes with instability and near falls. Review of records indicates significant interval changes in lower extremity neurologic component." The utilization review determination letter did not provide a rationale. The RFA is dated 05/01/15 and the patient is permanent and stationary. It appears that the patient had a prior EMG/NCV of the bilateral lower extremities; however, neither the date of this exam nor the results are provided. ODG Low Back chapter under EMGs - electromyography- ODG states, "Recommended as an option needle, not surface. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG, Low Back chapter under Nerve conduction studies -NCS- states, "Not recommended. There is minimal

justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." He has tenderness along the lumbar spine, a decreased lumbar spine range of motion, diminished sensation at the right L4, L5, and S1 dermatomal distributions, tenderness along the cervical/thoracic spine, and a limited range of motion for the cervical/thoracic spine. The patient is diagnosed with progressive neurologic deficit, right greater than left L4, L5, S1; lumbar radiculopathy; lumbar, cervical and thoracic spondylosis. Given that the patient has "neurologic changes with instability and near falls [and has] significant interval changes in lower extremity neurologic component," an updated EMG/NCV of the bilateral lower extremity appears reasonable. The request IS medically necessary.