

<b>Case Number:</b>	CM15-0134781		
<b>Date Assigned:</b>	08/21/2015	<b>Date of Injury:</b>	02/07/2002
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Texas, New York, California  
 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 applicant is a represented 66-year-old who has filed a claim for chronic low back, knee, neck and shoulder pain reportedly associated with an industrial injury of February 7, 2002. In a Utilization Review report dated July 7, 2015, the claims administrator partially approved a request for EMG testing of bilateral lower extremities alone while failing to approve a request for six sessions of acupuncture. Six sessions of physical therapy were conditionally denied. The claims administrator referenced an RFA form of June 24, 2015 and associated progress note of June 23, 2015 in its determination. The applicant's attorney subsequently appealed. On June 23, 2015, it was acknowledged that the applicant was off of work and had not worked since 2003. The applicant was given diagnosis of left lower extremity lumbar radiculopathy and chronic shoulder pain. It was stated that the applicant had had earlier unspecified amounts of physical therapy, acupuncture, manipulative therapy but had nevertheless failed to return to work despite receipt of the same. The applicant was on Celebrex for pain relief, it was reported. The applicant had superimposed issues with diabetes and hypertension, it was reported. The attending provider stated that the applicant had paresthesias present about the entire left leg. The attending provider had apparently performed electro diagnostic testing on June 23, 2015, which was reportedly suggestive of an L5 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV (nerve conduction velocity), 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: Low Back - Lumbar & Thoracic (Acute & Chronic) - Electrodiagnostic studies (EDS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 8484. Recommendation: Nerve Conduction Studies for Diagnosing Peripheral Systemic Neuropathy Nerve conduction studies are recommended when there is a peripheral systemic neuropathy that is either of uncertain cause or a necessity to document extent. Indications & Occupational toxic neuropathies, particularly if there is a concern about confounding or alternate explanatory conditions such as diabetes mellitus. Strength of Evidence & Recommended, Insufficient Evidence (I).

**Decision rationale:** Yes, the request for nerve conduction testing of bilateral lower extremities was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 does acknowledge that electrical studies (AKA nerve conduction testing) are "not recommended" absent some clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy, here, however, the applicant was a diabetic, it was reported on the June 23, 2015 progress note at issue. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, nerve conduction studies are recommended when there is suspicion of a systemic neuropathy of unknown or uncertain cause. Here, the applicant's superimposed issues with diabetes did heighten her predisposition toward development of a generalized peripheral neuropathy. Obtaining the electro diagnostic testing in question, thus, was indicated to distinguish between the possible lumbar radiculopathy and/or superimposed diabetic neuropathy. Therefore, the request was medically necessary.

**Acupuncture, 6 visits:** Upheld

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

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

**Decision rationale:** As acknowledged by the treating provider on June 23, 2015, the request did in fact represent a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledged that acupuncture, treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e. Here, however, there was no such evidence to functional improvement as defined in section 9792.20e, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim. The applicant remained off of work, it was reported on June 23, 2015. The applicant remained dependent on analgesic medications such as Celebrex; it was reported on that date. All of the foregoing, taken together, strongly suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of acupuncture over the

course of the claim. Therefore, the request for additional acupuncture was not medically necessary.