MAXIMUS Federal Services

Case Number:	CM15-0164691		
Date Assigned:	09/02/2015	Date of Injury:	01/16/2014
Decision Date:	10/05/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48-year-old female who sustained an industrial injury on January 16, 2014 resulting in low back pain. Diagnoses have included lumbar degenerative disease, lumbar foraminal stenosis, sacroiliitis, and radiculopathy. Documented treatment includes medication, back brace, ice, epidural steroid injection with some improvement, and 6 sessions of physical therapy, but the injured worker is reporting increased low back pain with cramping in the right leg and foot, and she has developed tremors secondary to her increased back pain. The treating physician's plan of care includes 6 sessions of acupuncture treatment for the lumbar spine and right leg, and electromyography and nerve conduction velocity studies of the bilateral lower extremities. Current work status is stated in July 20, 2015 physician's report as off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for the lumbar spine and right leg two times a week for three weeks, quantity: 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture treatment for the lumbar spine and right leg two times a week for three weeks, quantity: 6 sessions is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The documentation indicates that the patient has had prior acupuncture. It is unclear of the efficacy from this prior acupuncture. Without clear indication of the amount of prior acupuncture and the efficacy, additional acupuncture is not indicated or medically necessary.

EMG (Electromyelography)/ NCV (Nerve Conduction Velocity) studies of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 6, Pain, Suffering and the Restoration of Function Chapter, page 114.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: EMG (Electromyography)/ NCV (Nerve Conduction Velocity) studies of the bilateral lower extremities is not medically necessary per the MTUS Guidelines. The MTUS states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The documentation indicates that the patient already had an EMG/NCV in March of 2015. There is no documentation of significant change in symptoms or rationale for a repeat test therefore this request is not medically necessary.