

Case Number:	CM15-0182928		
Date Assigned:	09/23/2015	Date of Injury:	11/15/2013
Decision Date:	10/28/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 11-15-13. She reported low back pain. The injured worker was diagnosed as having lumbar disc displacement without myelopathy and lumbosacral spondylosis. Treatment to date has included physical therapy, chiropractic treatment, acupuncture, and medication. The treating physician noted the injured worker "had been worked up with previous electrodiagnostic studies which were negative." Physical examination findings on 8-24-15 included antalgic gait, normal muscle tone in all extremities, and lumbar spine tenderness with increased paraspinal muscle tone on the left. Straight leg raise was positive bilaterally with spasm and guarding of the lumbar spine. On 8-10-15 the treating physician noted "she really had an excellent response to acupuncture previously." A MRI on 1-3-14 revealed central disc protrusion at L5-S1. Currently, the injured worker complains of low back and right greater than left lower extremity pain with numbness and tingling. On 8-21-15 the treating physician requested authorization for electromyography or nerve conduction studies for bilateral lower extremities, a MRI of the lumbar spine without contrast, and acupuncture sessions x12. On 8-27-15 the requests were non-certified. Regarding electromyography or nerve conduction studies, the utilization review (UR) physician noted "without a rationale for why or how the claimant's treatment plan would benefit from electrodiagnostic studies, the proposed treatment of electromyography or nerve conduction studies of bilateral lower extremities is not appropriate or medically necessary for this diagnosis and clinical findings." Regarding a MRI, the UR physician noted "it cannot be inferred that the claimant has had a significant change in symptoms warranting a repeat MRI." Regarding

acupuncture, the UR physician noted "the number of sessions completed and any functional improvement obtained as a result is not delineated."

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/nerve conduction study (NCS) bilateral lower extremities (BLE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in November 2013 and continues to be treated for low back pain with lower extremity numbness and tingling. When seen in August 2015, her previous workup after another work injury occurring in 2012 had included electrodiagnostic testing which had been negative. The injury in 2012 occurred when she was lifting a briefcase out of her trunk. The second injury in 2013 occurred when her heel became caught on carpeting and she tripped and fell. She was seen for an AME on 07/01/15. A repeat MRI was requested to compare with a scan that had been obtained after her first injury for the purpose of apportionment. An MRI of the lumbar spine in January 2014 included findings of an L5/S1 central disc herniation, larger compared with a previous scan. When seen, the claimant was noted to be moderately obese. She appeared tearful, lethargic, fatigued, anxious, and in pain. There was an antalgic gait. There was lumbar spine tenderness with increased left lumbar paraspinal muscle tone. There was decreased and painful lumbar spine range of motion. Straight leg raising was positive. There were lumbar muscle spasms with guarding. There was decreased plantar flexion bilaterally. Authorization for a repeat MRI scan and electrodiagnostic testing were requested. Recommendations also included 12 sessions of acupuncture. Electrodiagnostic testing (EMG/NCS) is generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments and radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. Prior testing was normal. There is no documented neurological examination that would support the need for obtaining bilateral lower extremity EMG or NCS testing at this time. This request is not medically necessary.

MRI lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2013 (Online Version) Low Back Chapter, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p13.

Decision rationale: The claimant sustained a work injury in November 2013 and continues to be treated for low back pain with lower extremity numbness and tingling. When seen in August 2015, her previous workup after another work injury occurring in 2012 had included electrodiagnostic testing which had been negative. The injury in 2012 occurred when she was lifting a briefcase out of her trunk. The second injury in 2013 occurred when her heel became caught on carpeting and she tripped and fell. She was seen for an AME on 07/01/15. A repeat MRI was requested to compare with a scan that had been obtained after her first injury for the purpose of apportionment. An MRI of the lumbar spine in January 2014 included findings of an L5/S1 central disc herniation, larger compared with a previous scan. When seen, the claimant was noted to be moderately obese. She appeared tearful, lethargic, fatigued, anxious, and in pain. There was an antalgic gait. There was lumbar spine tenderness with increased left lumbar paraspinal muscle tone. There was decreased and painful lumbar spine range of motion. Straight leg raising was positive. There were lumbar muscle spasms with guarding. There was decreased plantar flexion bilaterally. Authorization for a repeat MRI scan and electrodiagnostic testing were requested. Recommendations also included 12 sessions of acupuncture. Guidelines recommend against repeating diagnostic testing without indication. In this case, the claimant has already had two MRI scans of the lumbar spine. The request is for the purpose of apportionment, with the requesting provider unaware that a second scan had already been done. The scan done in January 2104 would be the most appropriate one to use for this purpose. A third MRI scan is not medically necessary.

12 visits of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant sustained a work injury in November 2013 and continues to be treated for low back pain with lower extremity numbness and tingling. When seen in August 2015, her previous workup after another work injury occurring in 2012 had included electrodiagnostic testing which had been negative. The injury in 2012 occurred when she was lifting a briefcase out of her trunk. The second injury in 2013 occurred when her heel became caught on carpeting and she tripped and fell. She was seen for an AME on 07/01/15. A repeat MRI was requested to compare with a scan that had been obtained after her first injury for the purpose of apportionment. An MRI of the lumbar spine in January 2014 included findings of an L5/S1 central disc herniation, larger compared with a previous scan. When seen, the claimant was noted to be moderately obese. She appeared tearful, lethargic, fatigued, anxious, and in pain. There was an antalgic gait. There was lumbar spine tenderness with increased left lumbar paraspinal muscle tone. There was decreased and painful lumbar spine range of motion. Straight leg raising was positive. There were lumbar muscle spasms with guarding. There was decreased plantar flexion bilaterally. Authorization for a repeat MRI scan and electrodiagnostic testing were requested. Recommendations also included 12 sessions of acupuncture. Guidelines

recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.