

Case Number:	CM15-0203925		
Date Assigned:	10/20/2015	Date of Injury:	10/31/1994
Decision Date:	12/02/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/16/2015

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 45 year old male, who sustained an industrial injury on 13-31-1994. The injured worker was diagnosed as having lumbar sprain-strain-discopathy and right hip sprain- strain-bursitis. Treatment to date has included diagnostics, epidural steroid injection, physical therapy, at least 8 recent acupuncture treatments, and medications. Currently (10-01-2015), the injured worker complains of continued "constant moderate low back pain", stating that he has to wear his brace constantly. He reported that nonsteroidal anti-inflammatory drugs and muscle relaxants were no longer working and he also reported "significant intermittent pain in the parascapular area". He reported that 8 acupuncture sessions "helped". Function with activities of daily living was not described. Objective findings for the lumbar spine included increased tone and tenderness, muscle spasms, positive straight leg raise bilaterally, and positive Fabre's test (unchanged from at least 2-05-2015). 4+ strength was noted in the right L2, 4- in the right L5-S1, and 4- in the left L5, otherwise strength was 5 of 5. Magnetic resonance imaging of the lumbar spine (1-13-2014) was documented as showing diffuse disc bulging at L3-4 producing a focal impression on the thecal sac, central disc protrusion of 3mm at L4-5 secondary to a focal annular tear, producing impression on the thecal sac, and no visible impingement on the L5 nerve roots. Electrodiagnostic study (1-13-2014) was documented as showing no evidence of entrapment neuropathy or radiculopathy in the lower extremities. He was prescribed Nabumetone, Omeprazole, and Cyclobenzaprine. His work status was "per AME". Acupuncture notes were not submitted. On 10-09-2015, Utilization Review non-certified a request for 8 acupuncture sessions for the lumbar spine and modified a request for electromyogram and nerve conduction studies of the lower extremities to EMG of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

One nerve conduction velocity (NCV)/electromyography (EMG) of the lower extremities:
Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Nerve conduction studies (NCS) (2015).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: One nerve conduction velocity (NCV)/electromyography (EMG) of the lower extremities is medically necessary per the MTUS Guidelines. Although a prior EMG/NCV was performed and was negative in January of 2014 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 persistent symptoms and some weakness in the lower extremities on physical examination. This weakness appears to be a change from prior documentation as the 4/23/15 AME does not reveal weakness in the lower extremities. The MTUS supports H reflex testing which would be part of the NCV portion of the test therefore this request is medically necessary.

8 sessions of acupuncture for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: 8 sessions of acupuncture for the lumbar spine 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 request as written would exceed the recommended number of visits of acupuncture. Additionally, the documentation indicates that the patient has had prior acupuncture without evidence of functional improvement therefore additional acupuncture is not indicated or medically necessary.