

<b>Case Number:</b>	CM15-0029755		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: 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 55 year old male who sustained an industrial injury on 10/20/11. The injured worker reported symptoms in the neck, back and lower extremities. The diagnoses included failed back surgery syndrome post micro-discectomy, multi-level cervical degenerative disc disease with disc bulges. Treatments to date include acupuncture therapy, oral pain medication, activity modification, home exercise program, physical therapy, chiropractic treatment, and epidural steroid injection. In a progress note dated 1/14/15 the treating provider reports the injured worker was with "moderate pain in his neck and low back...radiating pain from his low back into his bilateral legs...with related numbness and tingling throughout his legs." On 1/23/15 Utilization Review non-certified the request for Nerve Conduction Velocity (NCV)/Electromyography (EMG) of the bilateral left extremities and acupuncture 2 times 4 for the low back. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conduction Velocity (NCV)/Electromyography (EMG) of the Bilateral left extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter: Nerve conduction studies (NCS) Low back chapter, EMG studies.

**Decision rationale:** Per the 01/14/15 report the patient presents with lower back pain radiating into the bilateral legs with related numbness and tingling and a diagnosis of failed back surgery syndrome s/p micro-discectomy. The current request is for: NERVE CONDUCTION VELOCITY "NCV"ELECTROMYOGRAPHY" EMG" OF THE BILATERAL LEFT EXTREMITIES. The RFA is not included. The 01/23/15 utilization review states the RFA is dated 01/23/15. The patient is cleared to return to work with restrictions; however, the reports do not state if the patient is currently working. ACOEM page 303 states, "Electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks". Repeat studies are not addressed. ODG (Online Low Back chapter: EMGs (electromyography) ODG states, "Recommended as an option (needle, not surface). EMGs (electromyography) 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. ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG 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 (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back". The treater states this request is for the bilateral lower extremities to verify radicular complaints. The reports provided for review show the patient has received conservative treatment for the lower back including medications and acupuncture since at least 08/22/14. The treater is seeking verification of radiculopathy and there is numbness and tingling in the lower extremities. There is no evidence of prior EMG/NCV LE for this patient. The request IS medically necessary.

**Acupuncture 2x4 for the low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** Per the 01/14/15 report the patient presents with lower back pain radiating into the bilateral legs with related numbness and tingling and a diagnosis of failed back surgery syndrome s/p micro-discectomy. The current request is for: ACUPUNCTURE 2X4 FOR THE LOW BACK. The RFA is not included. The 01/23/15 utilization review states the RFA is dated 01/23/15. The patient is cleared to return to work with restrictions; however, the reports do not state if the patient is currently working. Acupuncture Medical Treatment Guidelines. MTUS pg.

13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." MTUS section 9792.20 (f) states that functional improvement is defined as both clinically significant improvement in ADL's and a reduction in dependency on medical treatment. The 01/14/15 and 12/17/14 reports state that the patient completed a course of acupuncture which provided temporary relief of pain, and the treater is requesting additional visits. No acupuncture treatment reports are included for review and the treater does not state how many visits were completed. In this case, the MTUS guidelines allow a trial of 3-6 treatments with additional visits with documented functional improvement. The reports provided for review make only a general statement about temporary reduction in pain and do not provide evidence of significant improvement in ADL's or reduction in dependency on medical treatment. Therefore, the request IS NOT medically necessary.