

<b>Case Number:</b>	CM15-0052225		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 55-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 20, 2011. In a Utilization Review report dated February 19, 2015, the claims administrator failed to approve requests for electro diagnostic testing of bilateral lower extremities and eight sessions of acupuncture. Non-MTUS Third Edition ACOEM Guidelines in the determination and were, furthermore, mislabeled as originating from the MTUS. The applicant had undergone earlier lumbar discectomy surgery, the treating provider acknowledged. A February 15, 2015 progress note was referenced in the determination. The claims administrator suggested that the applicant had completed earlier unspecified amounts of acupuncture without profit. The applicant's attorney subsequently appealed. On February 9, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was status post failed microdiscectomy surgery, it was acknowledged. The attending provider stated that the applicant had ongoing complaints of low back pain radiating into the bilateral lower extremities. The attending provider suggested that electro diagnostic testing would be of benefit in establishing the presence or absence of a radiculopathy. Flexeril and naproxen were endorsed, along with a rather proscriptive 10-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. In an earlier progress note dated January 14, 2015, the applicant presented with 5/10 neck pain radiating into the arms and low back pain radiating into the legs. A surgical scar was evident about the lumbar spine. The attending provider suggested that the applicant obtain electro diagnostic testing of the lower extremities to verify radicular pain complaints. It was not clearly stated for what purpose the electro-diagnostic testing in question was being sought. A rather proscriptive 10-pound lifting limitation was renewed, along with Flexeril and

naproxen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. 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): 309.

**Decision rationale:** No, the request for electro diagnostic testing (EMG-NCV) testing of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is not recommended for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant does, in fact, carry a diagnosis of clinically obvious radiculopathy. The applicant continues to report complaints of low back pain radiating into the bilateral lower extremities. The applicant has already undergone spine surgery. Thus, all evidence on file points to the applicant's carrying a long-established diagnosis of lumbar radiculopathy, seemingly obviating the need for the electro diagnostic testing in question. It was not stated how the electro diagnostic testing in question would influence or alter the treatment plan. Therefore, the request was not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** Similarly, the request for eight sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. The request in question does seemingly represent a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there was/is no clear or compelling evidence of functional improvement as defined in section 9792.20f, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim. The applicant was seemingly off of work. A rather proscriptive 10-pound lifting limitation was renewed, seemingly unchanged, from visit to visit. The applicant remained dependent on a variety of analgesic medications, including naproxen and Flexeril. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier unspecified amounts of acupuncture. Therefore, the request was not medically necessary.