

Case Number:	CM14-0112537		
Date Assigned:	08/01/2014	Date of Injury:	07/01/2013
Decision Date:	09/30/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 22-year-old male who has submitted a claim for lumbago, lumbar disc protrusion, lumbar facet dysfunction, sacroiliac joint dysfunction, and right hip capsular laxity associated with an industrial injury date of 07/01/2013. Medical records from 01/02/2014 to 06/16/2014 were reviewed and showed that patient complained of low back pain graded 5-8/10 with no associated radiation. Physical examination revealed tenderness over bilateral lumbar paraspinal muscles, sacroiliac joint, and greater trochanteric bursa, intact sensation, MMT, and DTRs of lower extremities, positive facet loading test, and negative SLR tests bilaterally. MRI of the lumbar spine dated 08/2013 revealed L4-5 and L5-S1 disc protrusions. Treatment to date has included unspecified visits of acupuncture, 10 sessions of physical therapy, TENS, and pain medications. Of note, patient reported that acupuncture is not providing much relief (06/05/2014). Utilization review dated 06/20/2014 denied the request for acupuncture therapy visits because there was no pain relief noted from acupuncture. Utilization review dated 06/20/2014 denied the request for EMG/NCS of lower extremities because there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM: Pain, Suffering, and the Restoration of Function Chapter Official Disability Guidelines: Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, the patient completed unspecified visits of acupuncture. However, the patient did not report pain relief from acupuncture (06/05/2014). The guidelines recommend documentation of functional improvement prior to extension of acupuncture treatments. Furthermore, the request did not specify the duration of acupuncture treatment. Therefore, the request for acupuncture visits is not medically necessary.

Electromyography of the lower extremity: Upheld

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.

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

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, the patient complained of non-radiating low back pain. Physical exam findings include intact sensation, MMT, and DTRs of lower extremities, positive facet loading test, and negative SLR tests bilaterally. The patient's clinical manifestations were not consistent with a focal neurologic deficit to suggest EMG study. The request likewise failed to specify the laterality of the extremity to be tested. Therefore, the request for Electromyography of the lower extremity is not medically necessary.

Nerve conduction velocity of the lower extremity: Upheld

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence:

Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, *Acta Neurol Belg* 2006 Jun; 106 (2): 73-81.

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of non-radiating low back pain. Physical exam findings include intact sensation, MMT, and DTRs of lower extremities, positive facet loading test, and negative SLR tests bilaterally. The patient's clinical manifestations were not consistent with symptoms of neuropathy to support NCS. The request likewise failed to specify the laterality of the extremity to be tested. Therefore, the request for Nerve conduction velocity of the lower extremity is not medically necessary.