

Case Number:	CM14-0128397		
Date Assigned:	09/16/2014	Date of Injury:	09/06/2013
Decision Date:	11/13/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 33-year-old female with an injury date of 09/06/2013. According to the 07/24/2014 progress report, the patient complains of having low back pain. She also has some tightness over the left side of the neck which is almost always constant. Her pain is described as being cramping, dull, aching, throbbing with numbness and tingling into the left leg. "The pain stops her from doing yard work, shopping, socializing with friends, and participating in recreational activities." She has tenderness over the cervical spine as well as over the trapezius and paravertebral upper thoracic and lower cervical. There is tenderness over the lumbar spine at L1-L5 and left sacroiliac tenderness and mild right-sided tenderness over the paravertebrals and mild midline tenderness between L2 and L5. Sensation is decreased in the left S1 dermatome to pinprick and is intact to the left L3. The 11/19/2013 MRI of the lumbar spine revealed there was mild loss of disk height with normal disk hydration at L3-L4, negative for posterior disk bulge or protrusion, anterior osteophytosis with a 4-mm anterior protrusions suggested on T1 sagittal sequence. The patient's diagnoses include the following: 1. Lumbar radiculopathy. 2. Cervicalgia. 3. Reacted depression and anxiety. The utilization review determination being challenged is dated 08/07/2014. Three treatment reports were provided from 02/27/2014, 07/24/2014, and 08/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG-NCV Bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Integrated Treatment/Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 07/03/2014)

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

Decision rationale: According to the 07/24/2014 progress report, the patient is complaining of having severe mid and lower back pain with some tightness over the left side of the neck. The request is for an EMG/NCV of the bilateral lower extremities. ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle focal neurologic dysfunctions in patients with low back symptoms lasting more than 3 or 4 weeks." In this case, the patient has had lower back symptoms for more than 3 to 4 weeks, as indicated in every report since 02/27/2014. Therefore, EMG-NCV Bilateral lower extremities are medically necessary.

Acupuncture Lumbar Spine, Cervical Spine x8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the 07/24/2014 progress report, the patient complains of having mid and lower back pain with some tightness over the left side of the neck. The request is for acupuncture for the lumbar spine and cervical spine x8. Review of the report does not provide any discussion in regards to if the patient has previously had any acupuncture sessions. MTUS Acupuncture Guidelines recommend an initial trial of 3 to 6 sessions of acupuncture. The current request is for a total of 8 sessions of acupuncture, which exceeds the initial of 3 to 6 trials recommended by MTUS. Additional treatments are recommended if the initial trial proves to be helpful in terms of functional improvement. Therefore, Acupuncture Lumbar Spine, Cervical Spine x8 is not medically necessary.