

<b>Case Number:</b>	CM14-0134996		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	06/02/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 42 year old female who sustained an industrial injury on 06/02/12. The mechanism of injury was pain in the neck with numbness and tingling radiating down to the left arm and hand while using a lettuce cutter without proper springs. She also reported in October 2012 that she was having low back pain due to prolonged standing. An MRI was done on 09/4/13 which revealed impingement on the left C5 exiting nerve root, bilateral C6 exiting nerve roots and bilateral neural foraminal narrowing at multiple levels. Nerve conduction studies done in January 2014 showed mildly decreased amplitude of the right ulnar nerve at the elbow and both medial nerves at the wrist. The progress notes from 06/20/14 was reviewed. Her evaluation and treatment included x-rays, medications and Physical therapy. Subjective symptoms included neck pain at 5/10, with radiation of pain, numbness, tingling and weakness in the left upper extremity going to the fingers. She reports low back pain at 5/10 with radiation of pain, numbness and weakness in bilateral lower extremities to the knees. Her medications included Ibuprofen. Pertinent examination findings included tenderness to palpation about the cervical, thoracic and lumbar spine with limited range of motion of both cervical and lumbar spine. Upper extremity sensation decreased to the left C5, C6, C7 and C8 dermatomes and decreased lower extremity sensation to the left L3, L4, L5 and S1 dermatomes. Motor examination showed 4/5 strength of bilateral upper extremities, limited by pain except wrist extension which was 4-/5 on the left and 4/5 on the right. Lower extremity strength was 4+/5 bilaterally. Deep tendon reflexes were normal in bilateral patellar and biceps reflexes. Straight leg test was positive on the left and right at 60 degrees causing pain to the calf. Slump test was positive bilaterally and Lasegue test was positive on the left. Spurling's test was positive on the left causing pain to the fingers, negative on the right. X-ray of the cervical spine dated 05/20/13 showed severe degenerative disc disease with spondylosis of C5-6 and C6-7 as well as bilateral neuroforaminal stenosis. X-ray at

the same time of the lumbar spine showed postural changes. MRI of cervical spine done on 09/19/13 showed cervical muscular spasm, mild spondylosis of C5-C6 and 2-3 mm posterior C4-5, C5-6 and C6-7 disc protrusions that indent and impinge on the anterior thecal sac and abut the anterior cervical cord. The diagnoses included cervical HNP, cervical radiculopathy, rule out thoracic and lumbar HNP and rule out lumbar radiculopathy. The plan of care included Orthopedic consultation, EMG/NCS of bilateral upper and lower extremities, acupuncture therapy 2 times a week for 4 weeks to the cervical and lumbar spine, Ketoprofen 75mg three times a day, Norflex ER 100mg once a day and topical Lidopro cream. She was not working.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG/NCS of BUE or EMB/NCS of BLE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** ACOEM guidelines state electrodiagnostic study is not indicated for obvious radiculopathy. The MRI reported impingement on the left C5 and bilateral C6 nerve roots. The physical exam and history was suggestive of multiple dermatomal sensory loss which are not explained by the imaging studies. An EMG/NCV of the bilateral upper and lower extremities would evaluate for radiculopathy versus polyneuropathy. The EMG/NCS of bilateral upper and lower extremities is medically necessary and appropriate.

**Acupuncture 8 Sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The employee had a history of neck pain, shoulder pain and low back pain. Diagnoses included cervical radiculopathy, rule out cervical and lumbar HNP and rule out lumbar radiculopathy. According to MTUS acupuncture guidelines, 3-6 initial treatments are recommended and may be further extended if functional improvement is documented. The requested 8 treatments is more than the MTUS recommended 6 initial sessions. Hence the request for 8 sessions of acupuncture is not medically necessary or appropriate.