

<b>Case Number:</b>	CM14-0182784		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 41 year-old female with the date of injury of 07/01/2013. The patient presents with pain in her neck and lower back. Her neck pain radiates up to her head and causes headaches and radiates down her right upper extremity. The patient rates her neck pain as 7/10 on the pain scale and lower back pain as 6/10. The patient presents decreased range of neck or lumbar motion. Examination reveals trigger points and spasms over her cervical region. Tinel's sign and Phalen's sign are positive. Straightening leg rising is positive on the left side. The patient remains temporarily partially disabled with limitation of no pushing, pulling or lifting more than 5 lbs. According to treating physician's report on 07/07/2014, diagnostic impressions are; 1)Cervical strain 2)Lumbar spine strain 3)Myofascial pain syndrome 4)Possible cervical radiculopathy 5)Possible carpal tunnel syndrome The utilization review determination being challenged is dated on 10/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/07/2014 to 11/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times 3 to include infra red and myofascial release, lumbar and/or sacral vertebrae (vertebra NOC trunk), upper back area:** Overturned

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

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

**Decision rationale:** The patient presents with pain in her neck and lower back. The request is for 6 sessions of acupuncture treatments including infrared and myofascial release for lumbar and/or sacral vertebrae (vertebra NOC trunk) upper back area. MTUS guidelines page 13 allow 3-6 sessions of acupuncture treatments for neck or lower back complaints for an initial trial and up to 1-3 times a week and 1-2 months with functional Improvement. There is no indication provided if the patient has had acupuncture in the past. A short course of therapy may be reasonable to address the patient's persistent symptoms. The patient continues to have range of motion (ROM) issues with neck or lower back. Therefore, the request is medically necessary and appropriate.

**EMG multiple upper extremities:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** The patient presents with pain in her neck and lower back. Her neck pain radiates down her right upper extremity. The request is for EMG multilevel upper extremities. There is no indication provided if there were any previous EMGs conducted. For EMG, ACOEM guidelines page 262 states, "appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the provider has asked for EMG to confirm and rule out possibility of cervical radiculopathy versus peripheral neuropathy. The patient has radiating pain in her right upper extremity from her neck. An EMG may help the provider pinpoint the cause and location of the patient's symptoms. Therefore, EMG multiple upper extremities are medically necessary and appropriate.

**NCS multiple upper extremities:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** The patient presents with pain in his neck, radiating down his left upper extremity. The request is for EMG/NCV bilateral upper extremities. There is no indication provided if there were any previous EMG or NCS conducted. For EMG/NCV, ACOEM guidelines page 262 states, "appropriate electrodiagnostic studies may help differentiate between

CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist."In this case, the patient has radiating pain in his left extremity from his neck and the patient has kept reporting constant pain and radiating symptoms. EMG/NCS testing may help the provider pinpoint the cause and location of the patient's symptoms. Therefore, NCS multiple upper extremities are medically necessary and appropriate.