

Case Number:	CM14-0212283		
Date Assigned:	01/02/2015	Date of Injury:	03/19/2013
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 2/4/13 date of industrial related injury. The attending physician report dated 10/20/14 (28) indicates the patient is having mild to moderate upper and lower back pain, right shoulder pain and mild right elbow pain. The patient is also complaining of pain in both knees and both ankles. Additionally intermittent numbness and tingling is reported in the left lower extremity. The patient would like to have ESI. Physical exam reveals weak grip on the left. Knee exam reveals effusion and tenderness. No lumbar spine was performed due to back brace. No exam was performed on the lower extremities. Motor, sensory and DTR exam was not documented. The current diagnoses are: 1. Thoracic kyphotic annular tear. 2. MLDB/disc disease/retrolisthesis lumbar. 3. Right AC osteoarthritis. 4. Right wrist pain. 5. Left meniscus tear, chondromalacia patella. 6. B/L ankle and foot tenosynovitis. 7. Varicose veins lower extremities. The utilization review report dated 11/18/14 denied the request for EMG/NCV bilateral lower extremities and Acupuncture 2x4 based upon lack of medical necessity.

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) Bilateral Lower Extremity:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 62.

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

Decision rationale: The patient presents with persistent upper and lower back pain with associated intermittent lower extremity numbness and tingling in the left lower extremity. The current request is for both EMG and NCV study of the lower extremities bilaterally. Per ODG, EMG of the lower extremity is recommended if the physician is seeking unequivocal evidence of radiculopathy after one month conservative therapy and radiculopathy cannot be clinically obvious. In this case, the treating physician did not perform a neurologic exam including deep tendon reflex testing, motor or sensory testing. The subjective complaints do appear to represent clinically obvious signs of left sided radiculopathy. As such, the recommendation for EMG is not supported per guidelines. With regard to the requested NCV study. ODG does not recommend NCV studies for low back pain and radiculopathy. ODG does recommend NCV for differentiation of radiculopathy vs. a peripheral neuropathy such as diabetic neuropathy. In this case there is no neurological examination or discussion as to the purpose of the request for NCV. As such, the recommendation is for denial.

Acupuncture 2 x 4 Thoracic and Lumbar Spine only: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with persistent upper and lower back pain with associated intermittent lower extremity numbness and tingling in the left lower extremity. The current request is for acupuncture 2 x4 thoracic and lumbar. The Acupuncture Medical Treatment Guidelines (AMTG) do recommend acupuncture for the treatment of low back complaints. The AMTG states, "Time to produce functional improvement: 3 to 6 treatments." The attending physician appears to be requesting acupuncture as well as spinal manipulation, massage, and therapeutic exercise. However, in this case the requested treatment is in excess of the recommended 3-6 visit trial period. As such, recommendation is for denial.