

Case Number:	CM15-0177400		
Date Assigned:	09/18/2015	Date of Injury:	09/26/2014
Decision Date:	10/21/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 injured worker is a 53 year old male, who sustained an industrial injury on 09-26-2014. He has reported injury to the head, neck, and low back. The injured worker has been treated for cerebral concussion without loss of consciousness; persistent headaches and memory problems; cervical spine sprain; and lumbar spine sprain with bilateral sciatica. Treatment to date has included medications, diagnostics, acupuncture, and physical therapy. Medications have included Norco, Naproxen, Motrin, and Lidoderm Patch. An acupuncture treatment note, dated 07-15- 2015, documents "slightly improving". An acupuncture progress report, dated 08-04-2015, reported the previous cervical and lumbar spine pain level as 8 out of 10 on the visual analog scale, and current pain level as 5 out of 10. The report also documented improvements in functional deficits with walking, standing, sitting, lifting, hours of sleep, and ranges of motion of the cervical and lumbar spines. A progress report from the treating physician, dated 07-22-2015, documented a follow-up visit with the injured worker. The injured worker reported constant cervical spine pain, rated at 8 out of 10 in intensity; decreased muscular tightness; acupuncture helps mildly; pain increases with neck movements; numbness and tingling in the left arm; daily headaches that increase with neck movements; frequent lumbar spine pain, rated at 7 out of 10 in intensity; radiculopathy to the left lower extremity to toes; intermittent numbness and tingling in the left leg. Objective findings included tenderness to the left and right cervical spine with spasms present; tenderness to the left and right lumbar spine; decreased ranges of motion of the cervical spine; and decreased ranges of motion of the lumbar spine. The treatment plan has included the request for acupuncture treatment 2 times a week for 3 weeks for the cervical spine;

acupuncture treatment 2 times a week for 3 weeks for the lumbar spine; and electromyography (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities. The original utilization review, dated 08-07-2015, non-certified a request for acupuncture treatment 2 times a week for 3 weeks for the cervical spine; acupuncture treatment 2 times a week for 3 weeks for the lumbar spine; and electromyography (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 2 times a week for 3 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments; 2. Frequency: 1-3 times per week; 3. Optimum duration is 1-2 months; 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 12 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Previous sessions have not produced objective improvements in pain and function. Therefore the request is not medically necessary.

Acupuncture treatment 2 times a week for 3 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of

acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments; 2. Frequency: 1-3 times per week; 3. Optimum duration is 1-2 months; 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 12 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Previous sessions have not produced objective improvements in pain and function. Therefore the request is not medically necessary.

Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapters on low back complaints and the need for lower extremity EMG/NCV states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There are unequivocal objective findings of nerve compromise on the neurologic exam provided for review. However there is not mention of surgical consideration. There are no unclear neurologic findings on exam. For these reasons, criteria for lower extremity EMG/NCV have not been met as set forth in the ACOEM. Therefore the request is not medically necessary.