

Case Number:	CM15-0094533		
Date Assigned:	05/20/2015	Date of Injury:	04/26/2013
Decision Date:	07/01/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/15/2015

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: California

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 58 year old female, who sustained an industrial injury on 4/26/2013. Diagnoses include lumbosacral joint/ligament sprain/strain and thoracic sprain/strain. Treatment to date has included medications including Norco and Cyclobenzaprine, physical therapy and acupuncture. Per the Primary Treating Physician's Progress Report dated 4/22/2015, the injured worker reported an acute pain flare-up in mid to lower back due to acupuncture sessions. She reported that after acupuncture she would experience sharp, low back the next day which was decreased with Norco. Objective findings included alert and oriented and skin was clean, dry and intact. The plan of care included electrodiagnostic testing, medications, and discontinuation of acupuncture. Authorization was requested for EMG (electromyography)/NCV (nerve conduction studies) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This patient receives treatment for chronic thoracic and low back pain. This relates back to a work-related injury on 04/26/2013. The medical diagnoses include lumbosacral sprain and thoracic sprain/strain. The patient received different treatment including physical therapy, opioids, and muscle relaxants. This review addresses a request for an EMG of the L lower extremity. After receiving acupuncture treatment, the patient reports sharp low back pain. The neurologic exam is normal. This review addresses a request for an EMG of the L lower extremity. This patient does not have symptoms nor physical findings compatible with radicular pathology, nor is there any documentation of a suitable trial of conservative therapy. Based on the documentation, an EMG is not medically indicated.

NCV Left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NCV lower extremities.

Decision rationale: This patient receives treatment for chronic thoracic and low back pain. This relates back to a work-related injury on 04/26/2013. The medical diagnoses include lumbosacral sprain and thoracic sprain/strain. The patient received different treatment including physical therapy, opioids, and muscle relaxants. After receiving acupuncture treatment, the patient reports sharp low back pains. This review addresses a request for an NCV of the L lower extremity. The ODG states that regarding the lower extremities, "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." In addition, this patient's symptoms and physical exam are not compatible with radicular pathology, nor is there any documentation of a trial of conservative treatment. An NCV of the L lower extremity is not medically indicated.

NCV Right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NCV lower extremities.

Decision rationale: This patient receives treatment for chronic thoracic and low back pain. This relates back to a work-related injury on 04/26/2013. The medical diagnoses include lumbosacral

sprain and thoracic sprain/strain. The patient received different treatment including physical therapy, opioids, and muscle relaxants. After receiving acupuncture treatment, the patient reports sharp low back pains. After receiving acupuncture treatment, the patient reports sharp low back pains. This review addresses a request for an NCV of the R lower extremity. The ODG states that regarding the lower extremities, "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." In addition, this patient's symptoms and physical exam are not compatible with radicular pathology, nor is there any documentation of a trial of conservative treatment. An NCV of the R lower extremity is not medically indicated.

EMG Right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This patient receives treatment for chronic thoracic and low back pain. This relates back to a work-related injury on 04/26/2013. The medical diagnoses include lumbosacral sprain and thoracic sprain/strain. The patient received different treatment including physical therapy, opioids, and muscle relaxants. After receiving acupuncture treatment, the patient reports sharp low back pains. This review addresses a request for an EMG of the R lower extremity. After receiving acupuncture treatment, the patient reports sharp low back pain. The neurologic exam is normal. This review addresses a request for an EMG of the L lower extremity. This patient does not have symptoms nor physical findings compatible with radicular pathology, nor is there any documentation of a suitable trial of conservative therapy. Based on the documentation, an EMG of the R lower extremity is not medically indicated.