

<b>Case Number:</b>	CM14-0034539		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/12/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 54 year old male with a date of injury on 5/12/2013. Diagnoses include cervical and lumbar radiculopathy, and right shoulder internal derangement. Subjective complaints are of ongoing low back pain and right shoulder pain/stiffness. Physical exam shows lumbar paravertebral muscle tenderness with spasm. There was no sensory or motor deficit noted. Reflexes were 2+ bilaterally. Prior treatment has included physical therapy, lumbar MRI, and medications. Lumbar MRI from 10/17/2013 showed mild spondylosis from L3-L5, and mild bilateral neuroforaminal narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3x4 to treat low back:** Upheld

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

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

**Decision rationale:** The MTUS Acupuncture Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, or may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Duration and frequency of acupuncture is 3-6 treatments to produce functional improvement, with extension of treatment

is functional improvement is documented, with "functional improvement" meaning a significant increase in daily activities or reduction in work restrictions, as determined by subjective and objective findings. For this patient, 12 acupuncture sessions are requested, which exceeds the MTUS Guidelines' recommendations for initial therapy. Therefore, the request is not medically necessary and appropriate.

**EMG/NCS to lower extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, and the Official Disability Guidelines.

**Decision rationale:** The ACOEM Guidelines suggests that EMG/NCS may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG recommends that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The ODG does not recommend NCS due to minimal justification for performing NCS when a patient is presumed to have symptoms of radiculopathy, rather EMG is recommended as an option. For this patient no objective signs of radiculopathy are documented on exam and no neuro-compressive lesion was found on MRI. Therefore, the request is not medically necessary and appropriate.