

Case Number:	CM13-0009609		
Date Assigned:	03/12/2014	Date of Injury:	05/15/2012
Decision Date:	04/30/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/09/2013

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 Occupational Medicine 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:

According to the records made available for review, this is a 41-year-old male with a 5/15/12 date of injury. At the time (7/15/13) of request for authorization for NCV bilateral lower extremities, EMG bilateral lower extremities, MRI of lumbar spine, and acupuncture 2 per week for 4 weeks lumbar spine, there is documentation of subjective (severe pain in the lower back rated 9/10, pain radiates to the bilateral hips, thighs, and legs, right greater than left; there are associated numbness and tingling on the posterior lateral thigh) and objective (T/S increased tone with tenderness, L/S increased tone and tenderness at the right greater than left L4-5 facets with myospasms, limited ROM, positive SLR at 40 degrees, mild hamstring tightness bilaterally, DTRs 2+ and symmetric, intact sensation, 4+/5 motor strength in the right L4 myotome (TA), otherwise 5/5) findings, EDS findings (EDS (9/12/12) report revealed no electrodiagnostic evidence of radiculopathy or any other large nerve pathology), imaging findings (L/S MRI (7/17/12) report revealed disc desiccation at L4-5 and L5-S1 levels; annular tear at L3-4, L4-5 and L5-S1 levels; L3-4 diffuse disc protrusion effacing the thecal sac; L4-5 focal right eccentric disc extrusion with caudal migration slightly compresses the thecal sac, right neural foraminal narrowing that slightly effaces the right L4 nerve root; L5-S1 focal disc protrusion having effacing the thecal sac, L5 exiting nerve roots are unremarkable), current diagnoses (lumbar strain with radicular complaints, MRI evidence (7/17/12) of disc protrusion/extrusion L4-5), and treatment to date (PT, activity modification, lumbar brace, and medications). Regarding the requested NCV bilateral lower extremities, there is no documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study and a rationale for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Regarding the requested EMG bilateral lower extremities, there is no documentation of an interval injury or progressive neurologic findings to support the medical

necessity of a repeat study. Regarding the requested MRI of lumbar spine, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Furthermore, medical practice standards of care necessitate documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of lumbar strain with radicular complaints, MRI evidence (7/17/12) of disc protrusion/extrusion L4-5. In addition, there is documentation of an EDS (9/12/12) report revealing no electrodiagnostic evidence of radiculopathy or any other large nerve pathology. However, there is no documentation of an interval injury or progressive neurologic findings and a rationale for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for NCV bilateral lower extremities is not medically necessary.

EMG BILATERAL LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as

criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, medical practice standards of care necessitate documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of lumbar strain with radicular complaints, MRI evidence (7/17/12) of disc protrusion/extrusion L4-5. In addition, there is documentation of an EDS (9/12/12) report revealing no electrodiagnostic evidence of radiculopathy or any other large nerve pathology. However, there is no documentation of an interval injury or progressive neurologic findings. Therefore, based on guidelines and a review of the evidence, the request for EMG bilateral lower extremities is not medically necessary.

MRI OF LUMBAR SPINE: 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Minnesota Rules, 5221.6100 Parameters for Medical Imaging

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of lumbar strain with radicular complaints, MRI evidence (7/17/12) of disc protrusion/extrusion L4-5. However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI of lumbar spine is not medically necessary.

ACUPUNCTURE 2 PER WEEK FOR 4 WEEKS LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be 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, 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. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of lumbar strain with radicular complaints, MRI evidence (7/17/12) of disc protrusion/extrusion L4-5. However, given that the request is for acupuncture 2 per week for 4 weeks, the proposed number of visits exceeds acupuncture guidelines for an initial trial of 6 visits. Therefore, based on guidelines and a review of the evidence, the request for acupuncture 2 per week for 4 weeks lumbar spine is not medically necessary.