

Case Number:	CM13-0019028		
Date Assigned:	10/11/2013	Date of Injury:	11/09/2010
Decision Date:	01/27/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in physical medicine and rehabilitation, has a subspecialty in Pain Management 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with the date of injury of November 9, 2010. A utilization review determination dated July 25, 2013 recommends noncertification of lumbar spine MRI and EMG (electromyogram) of bilateral lower extremities. A request for 12 sessions of physical therapy (PT) for the lumbar spine was modified to certify 8 physical therapy sessions. An electrodiagnostic consultation report dated August 20, 2013 identifies, "no electroneurographic evidence of entrapment neuropathy was seen in the lower extremities. Electromyographic indicators of acute lumbar radiculopathy were not seen." An MRI of the lumbar spine dated August 16, 2013 identifies, "L5 - S1: there is disc desiccation. There is mild to moderate loss of disc height. 5 - 6 mm left lateral/intraforminal extruded disc contributes to moderate left foraminal stenosis with possible intermittent left L5 nerve root impingement. 4 - 5 mm right lateral/intraforminal disc bulge contributes to mild to moderate right foraminal stenosis with right L5 nerve root impingement. There is no significant facet arthropathy." A progress report dated July 9, 2012 identifies that the patient started seeing [REDACTED] in 2011. The note goes on to state, "he obtained MRI study of the lumbar spine on December 20, 2011 and emg/ncv of the lower extremities. Magnetic resonance revealed abnormalities and epidural injection was recommended. The patient relates that she only received one injection as she had adverse effects. Acupuncture was provided with temporary relief." Current complaints identify, "pain in the lower back. Her pain travels to her buttocks and legs and has numbness and tingling. Her pain increases with prolonged standing, walking, and sitting activities. She has difficulty bending forward, backwards, sideways, and driving for prolonged period of time. She also has difficulty sleeping and awakens the pain and discomfort." the to identify, "the patient also has complaints of intermittent pain in he

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left side without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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), Low Back Chapter, MRI section.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for MRI of the lumbar spine, the Low Back Complaints Chapter of the ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG recommends MRI for patients with evidence of radiculopathy after failing conservative treatment. ODG states that repeat imaging of the same view of the same body part with the same imaging without it is not indicated except to diagnose a new episode of injury or exacerbation which in itself would warrant an imaging study, or to diagnose a change in the patient's condition marked by new or altered physical findings. Within the documentation available for review, it does not appear the patient has failed all conservative treatment modalities. The treating physician is currently asking for additional physical therapy. Guidelines clearly recommend exhausting all conservative treatment options prior to requesting imaging studies. Additionally, it is unclear how the patient's physical examination findings have changed since the time of the previous MRI. Finally, there is no statement indicating what medical decision-making will be based upon the outcome of the MRI. The request for an MRI of the left side without contrast not medically necessary or appropriate.

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for EMG (electromyogram) of bilateral lower extremities, Occupational Medicine Practice Guidelines state that when a patient has unclear neurologic examination findings, physiologic evidence of nerve dysfunction should be obtained. ODG states that the electromyography may be useful to obtain after one month of conservative therapy, but EMG's are not necessary when radiculopathy is already clinically obvious. Within the documentation available for review, it does not appear the patient has exhausted all conservative treatment options. The requesting physician is currently asking for additional physical therapy. Additionally, the requesting physician's physical examination identifies clinically obvious radiculopathy. Guidelines clearly

recommend against the use of electromyography if radiculopathy is already clinically obvious. Finally, it is unclear exactly what medical decision-making will be based upon the outcome of currently requested EMG. In the absence of clarity regarding his issues, the request for an EMG of the bilateral lower extremities is not medically necessary or appropriate.

Physical therapy, three times per week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy Section.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for physical therapy for the lumbar spine, Chronic Pain Medical Treatment Guidelines recommend the use of active therapy in the rehabilitation of lumbar spine complaints. ODG also supports the use of physical therapy in the treatment of lumbar spine complaints. Guidelines recommend an initial trial of physical therapy; and then with documentation of objective functional improvement, ongoing objective treatment goals, as well as a statement indicating why an independent program of the home exercise would be insufficient to address any remaining deficits, additional therapy may be indicated. For the treatment of lumbar radiculitis, ODG recommends 10 to 12 visits over 8 weeks. The initial trial should therefore be 5 to 6 visits (50% of the maximum recommended by guidelines). The currently requested therapy exceeds the recommended initial trial as defined by guidelines. Additionally, it is unclear how much therapy the patient has undergone previously, and whether that therapy resulted in any objective functional improvement. Finally, there is no specific documentation of any objective functional deficits which are to be addressed with the currently requested therapy. In the absence of such documentation, the request for physical therapy, three times per week for four weeks, is not medically necessary or appropriate.