

<b>Case Number:</b>	CM13-0020282		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 41-year-old male with a reported date of injury on 06/01/2011. The mechanism of injury was not submitted within the medical records. The diagnoses were noted to include lumbar disc displacement with radiculopathy, lumbar myositis/myalgia, lumbar radiculopathy, lumbar spinal stenosis, lumbar spine sprain/strain, and insomnia. His previous treatments were noted to include triggerpoint injections, lumbar epidural steroid injections, and acupuncture. The progress report dated 05/13/2014 noted that the injured worker complained of low back pain rated 7/10 without medications and 6/10 with medications associated with radiating pain and numbness to both lower extremities, more on the right side. The physical examination of the lumbar spine revealed moderate tenderness and spasm over the bilateral paralumbar muscles. Circumscribed triggerpoints with positive taut bands, twitch response, positive jump sign with pressure over bilateral paralumbar muscles was also noted. There was a positive straight leg raise test on the left side which caused radiating pain to the posterior thigh. The Braggard's test was also positive on the left side. There was decreased range of motion noted to the lumbar spine and the neurological examination revealed decreased sensation of the left L4-L5 and left S1 dermatomes including 2 joint discrimination, light touch and pain sensation. The motor examination revealed motor strength 4/5 to the left quadriceps, left extensor hallucis longus and left plantar flexors. The deep tendon reflexes were equal and symmetrical to the bilateral upper and lower extremities. The request for authorization form was not submitted within the medical records. The request is for electromyography of the bilateral lower extremities, chiropractic/physical therapy sessions 2 times a week for 6 weeks of the lumbar spine, acupuncture sessions 2 times a week for 6 weeks for the lumbar spine, and MRI of the lumbar spine; however, the provider's rationale was not submitted within the medical records

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **EMG OF THE BILATERAL 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): 303-305.

**Decision rationale:** ACOEM Guidelines state electromyography, including H reflex test, may be useful to identify subtle focal neurological dysfunction in patients with lower back symptoms lasting more than 3 to 4 weeks. The guidelines state electromyography can be used to identify and define low back pathology in regards to disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. The documentation provided indicated the injured worker had decreased sensation to specific dermatomal distributions as well as decreased motor strength and positive straight leg raise, which do not warrant an electromyography due to unequivocal symptoms of radiculopathy. Therefore, the request is not medically necessary.

### **CHIROPRACTIC/PHYSICAL THERAPY SESSIONS (2) TIMES A WEEK FOR (6) WEEKS FOR THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation, page 58, Physical Medicine, page 98-99 Page(s): 98-99.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines recommend manual therapy if for chronic pain caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is achievement of positive symptomatic or objective measurable gains in functional improvement with the ability of progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend for the low back, for therapeutic care, a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guideline recommendations for myalgia and myositis is 9-10 visits over 8 weeks. The documentation provided indicated the injured worker was approved for sessions of acupuncture and there was no objective functional improvement documented with those treatments. Additionally, the guidelines state for chiropractic care, a trial of 6 visits over 2 weeks, which is exceeded by the request for 12 visits. The guidelines for physical medicine specify 9 to 10 visits, which is exceeded by the request for 12 visits. Therefore, due to the lack of objective functional improvement from previous acupuncture sessions, and the request exceeding guideline recommendations, the request for chiropractic/physical therapy is not medically necessary.

**ACUPUNCTURE SESSIONS (2) TIMES A WEEK FOR (6) WEEKS FOR THE LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasms. The guidelines state, time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. There is a lack of documentation regarding functional improvement with previous acupuncture sessions. Additionally, the request of 8 sessions exceeds the guideline recommendations of 3-6 treatments. Therefore, the request is not medically necessary.

**MRI OF THE LUMBAR SPINE:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on a neurological examination are sufficient to warrant imaging in patients who did not respond to treatment, and who would consider surgery an option. When neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. If the 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 such as an MRI for neural deficits. The guidelines state an MRI could be used to identify and define low back pathology such as disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. The examination documentation provided, revealed neurological deficits in specific dermatomal distributions, which warrants an MRI of the lumbar spine and the clinical findings are consistent with lumbar radiculopathy. Therefore, the request is medically necessary.