

Case Number:	CM13-0022725		
Date Assigned:	10/11/2013	Date of Injury:	05/13/2012
Decision Date:	01/17/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	09/27/2013

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 & Rehabilitation and is licensed to practice in Texas. 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. 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 48-year-old male who reported an injury on 05/13/2012 from an unknown mechanism of injury. His diagnosis is lumbosacral radiculopathy. His symptoms are noted to include lower back pain with radiculopathy in the lower extremities, mostly on the left side, with numbness, tingling, and weakness. It also states that he is having difficulty with his daily activities along with difficulty with prolonged periods of sitting, standing, walking, and stair climbing, as well as lifting, pushing, pulling, squatting, kneeling, and stooping. Objective findings included spasm, tenderness, guarding of the paravertebral muscles of the lumbar spine along with decrease range of motion. It was also noted that there was decreased sensation with pain over the left L5 dermatome. A request was made electrodiagnostic studies of the bilateral lower extremities. This testing was stated to have been recommended in order to further evaluate the patient's radiculopathy as he continued to be symptomatic. It was also noted that an MRI of the lumbar spine was reviewed at his 08/19/2013 visit, and revealed a 2 mm disc bulge with mild bilateral neural foraminal narrowing at the L3-4 level and a 3 mm disc bulge with a posterior annular tear at the L5-S1 level. It states that the patient's medications are helping to reduce his pain and increase his functional capacity. The patient was also noted to have been unresponsive to conservative treatment; however, he was noted to be participating in home exercises in order to avoid deconditioning and to help reduce pain and increase functional capacity. The patient's medications were noted to include Relafen 750 mg twice a day and Norco 2.5 mg twice a day. It was also noted that the patient had previously participated in chiropractic treatment and acupuncture with only temporary relief of symptoms. Following his 05/17/2013 visit, a more detailed medication list was noted to include allopurinol, Benazepril, Xanax, ibuprofen 800 mg,

IMR ISSUES, DECISIONS AND RATIONALES

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

electrodiagnostic studies of the 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostic Studies.

Decision rationale: According to ACOEM Guidelines, electromyography may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines further state that nerve conduction studies are not recommended for low back conditions, and electromyography is recommended as an option for low back pain in order to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but it further states that electromyography is not necessary if radiculopathy is already clinically obvious. As nerve conduction studies are not recommended for low back pain, and electromyography is not necessary with radiculopathy that is already noted to be clinically obvious, the request is not supported. The request for electrodiagnostic studies is not medically necessary and appropriate.

Physical therapy (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS Guidelines recommend physical medicine for the treatment of neuralgia, neuritis, and radiculitis, as 8 to 10 visits over 4 weeks. It states that active therapy is based on the philosophy that therapeutic exercise and activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As the patient's most recent physical exam findings show no measurable objective functional deficits, and as the request for 12 physical therapy visits exceeds the guideline's recommendation of 8 to 10 visits over 4 weeks, the request is not supported. The request for physical therapy is not medically necessary and appropriate.

Therapeutic cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

Decision rationale: The patient was noted to be using topical baclofen. California MTUS Guidelines state that baclofen is not recommended as there is no peer reviewed literature to support the use of topical baclofen. It further states that there is no evidence for use of any other muscle relaxants as topical products as well. The request for therapeutic cream is not medically necessary and appropriate.