

Case Number:	CM13-0035255		
Date Assigned:	12/13/2013	Date of Injury:	01/02/2013
Decision Date:	03/17/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/16/2013

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 Family Practice 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. 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 29-year-old male who reported injury on 01/02/2013. The mechanism of injury was stated to be repetitive motion. The patient's physical examination revealed a sensory examination of strength in the lower extremities as 5/5 and gross sensation was noted to be intact. The patient was noted to have ankle dorsiflexors and extensor hallucis function of 5-/5. Otherwise, the examination was noted to be normal. The straight leg raise test in the sitting position indicated the patient had tightness in the right leg. The diagnoses were noted to include low back pain, right leg pain, lumbosacral radiculopathy, possible facet arthropathy, and herniated nucleus pulposus. The request was made for an EMG/NCV (Electromyogram and Nerve Conduction Studies) of the right lower extremity, L4-5 TESI, and Aquatic Therapy x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for EMG/NCV (electromyogram and nerve conduction velocity) of the Right Lower Extremities: 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, NCV

Decision rationale: ACOEM states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The clinical documentation submitted for review indicated the patient had a straight leg raise test that was noted to give the patient tightness in the right leg. The patient was noted to have strength in lower extremities of 5/5 and gross sensation was noted to be intact. The patient's deep tendon reflexes were noted to be 2+ and the motor strength examination revealed ankle dorsiflexors on the right and extensor hallucis function on the right to be 5-/5. Per the documentation, the patient was noted to have an MRI which revealed objective findings. The physician indicated that the patient had positive suggestive complaints of pain in the low back with radicular complaints down the right leg and objective findings of weakness in dorsiflexion and EHL and that the patient failed conservative care. The clinical documentation submitted for review failed to support the necessity for an EMG as there was a lack of documented myotomal and dermatomal deficits to support the patient had radiculopathy. Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing a nerve conduction study when a patient is presumed to have symptoms on the basis of radiculopathy. The physician opined the patient had radiculopathy. There was a lack of documentation indicating the patient would have a necessity for both studies. Given the above and the lack of documentation of objective findings, as well as MRI findings, the request for EMG/NCV right lower extremities is not medically necessary.

L4-L5 TESI (transforaminal epidural steroid injections): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommend, for an epidural steroid injection, that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review failed to indicate the patient had myotomal and dermatomal findings suggestive of radiculopathy. The patient's straight leg raise was noted to produce tightness; however, it failed to produce radiating pain. Additionally, there was a lack of an official copy of the MRI to corroborate the physician's statements. However, it was noted the patient was initially unresponsive to conservative care and there was a lack of documentation indicating the dates of service and the duration of the treatment. Given the above, the request for L4-L5 TESI is not medically necessary.

Aquatic Therapy times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22,98,99.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for myalgia and myositis is 9 visits to 10 visits and for neuralgia, neuritis, and radiculitis, it is 8 visits to 10 visits. The clinical documentation submitted for review failed to provide the patient had a necessity for aquatic therapy. Additionally, it indicated the patient's back flexion and extension was 20% to 30%. The patient was noted to have lumbosacral paraspinal muscle spasms with tender areas over the lower lumbosacral facet joints. Given the lack of documentation, of exceptional factors and the necessity for reduced weight bearing to support the use of aquatic therapy, the request for Aquatic therapy times 6 is not medically necessary.