

Case Number:	CM13-0041002		
Date Assigned:	12/20/2013	Date of Injury:	08/13/2013
Decision Date:	04/18/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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 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:

This is a 59-year old gentleman with a date of injury of 8/13/13. Mechanism of injury was cumulative trauma. Over the course of 2008 through August of 2013, the patient began to develop pain affecting his lumbar spine, bilateral hips and lower extremities. He was evaluated by an orthopedist on 9/05/13, and prior to this had no other treatment or diagnostics. The low back pain radiates to the legs, but there is no numbness or tingling. Exam shows reduced lumbar Range of Motion (ROM). He walks with a limp. Motor strength is normal. Sensory exam is normal. SLR is "positive" at 90 degrees. X-rays show disc space narrowing at L5-S1. X-rays of the right hip show mild DJD. There is moderate DJD on the left. Initial diagnoses were left hip arthritis and lumbar disc disease. The patient has had no treatment or work-up. MRI and electrodiagnostics were ordered. Medications and PT were ordered. UDS is done. This was submitted to Utilization Review on 10/11/13. Physical Therapy (PT) x 6 was certified. MRI and electrodiagnostics were not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 weeks bilateral hips: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 114; 303-304. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines (Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Physical medicine treatment.

Decision rationale: Guidelines recommend up to 9 sessions of PT for the hip diagnoses. An initial request was made for 12 sessions of PT on the first evaluation of this patient. The UR doctor recommended certification of 6 of those 12. An initial certification of 6 sessions was appropriate, and further PT, up to the guideline recommended duration could be considered if medically necessary on completion of the initial 6. There was no medical necessity for an initial certification of 12, which exceeds the guideline recommendation.

MRI Lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,309; 52-56.

Decision rationale: Guidelines do support use of MRI in patients with unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment, or would be a candidate for surgery. Table 12-8 supports MRI for red flags such as cauda equina, tumor, fracture or infection, and it is the test of choice in patients with prior back surgery. MRI is not indicated in acute radicular syndromes in the first 6 weeks and not recommended for non-specific back pain prior to 3 months of conservative modalities. In this case, the patient has no symptoms or exam findings that identify nerve compromise, there are no red flags, and there is no clear indication for a study on the very first medical evaluation prior to trials of conservative care. Medical necessity of the MRI is not established.

EMG 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies, EMGs, Nerve conduction studies

Decision rationale: Guidelines support use of EMG, including H-reflex tests, for patients with low back symptoms with neurologic features that persists for at least 4 weeks, despite conservative care. In this case, there are no symptoms or exam findings suggestive of neurologic pathology, such as lumbar radiculopathy. The patient has no numbness/tingling and has no neurologic abnormalities on exam. Radiation of the pain to both legs is non-specific. In addition, there was no indication for ordering this test on initial evaluation, prior to 4 weeks of persistent symptoms despite conservative measures. Medical necessity for EMG is not established.

NCV 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies, EMGs, Nerve conduction studies

Decision rationale: Guidelines note that there is minimal justification for nerve conduction studies (NCV or NCS) when the patient is presumed to have symptoms of radiculopathy. Complete nerve conduction studies are not recommended for low back conditions, but an H-Reflex may be appropriate along with an EMG for investigation of radiculopathy. Medical necessity for NCV is not established.