

<b>Case Number:</b>	CM13-0048109		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/07/2013
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 with date of birth 4/29/66 had a work injury on 7/8/13. The patient was lifting a surgical tray at work weighing approximately 30 pounds, when she turned quickly causing pain in the low back. 10/16/13 Requested Treatments included: 1. Physical therapy 2x4 (lumbar) 2. Chiropractic session 3x6 (lumbar) 3. MRI of the lumbar spine 4. EMG/NCV of the bilateral lower extremities 5. TENS/EMS and supplies for the lumbar spine (rental or purchase). These were all denied on prior UR review dated 10/21/13. Accepted body part by carrier - lumbar spine only. Treatment includes medications and therapy. There is a therapy note dated 8/21/13 from [REDACTED]. PR-2 10/16/13: Subjective Complaints: Cervical Spine: The patient complains of constant moderate dull, achy, sharp, stabbing neck pain, stiffness and weakness, aggravated by looking up and looking down. Lumbar Spine: The patient complains of constant moderate dull, achy, sharp low back pain, stiffness and weakness, aggravated by sitting, standing, walking, bending and squatting. Lumbar Spine: the ranges of motion are decreased and painful. (Extension 20/25, Flexion 55/60, Left Lateral Bending 25/25 and Right Lateral Bending 25/25)\_ there is +3 tenderness to palpation of the lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. Kemp's is positive bilaterally. Sitting Straight Leg Raise is positive on the left. Xrays of T/S and L/S reveal OA and straightening of spine and spasm per reports 9/11/13 Diagnoses:Cervical myospasm (728.85), Cervical pain (723.1), Cervical radiculopathy (723.4), Cervical sprain I strain (847.0), Rule out cervical disc protrusion (722.0), Lumbar muscle spasm (728.85), Lumbar pain (724.2), Lumbar radiculopathy (724.4), Lumbar sprain I strain (847.2) and Rule out lumbar disc protrusion (722.10) Physical Exam 8/9/13 reveals diminished strength in the BLE.â¿¿

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times four (lumbar): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**Decision rationale:** Physical therapy two times four (lumbar) is not medically necessary per MTUS guidelines. Per MTUS guidelines patient may have up to 10 visits for her condition. It is unclear from the documentation submitted exactly how much therapy patient has received. There are no objective findings of functional improvement. Without clear documentation of prior therapy and progress made additional therapy is not medically appropriate or necessary.

**Chiropractic session three times six (lumbar): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** Chiropractic session three times six (lumbar) is not medically necessary as written. MTUS guidelines for lumbar spiner recommend an initial "Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Without evidence of objective functional improvement on the initial 6 visit trial the additional visits would not be medically necessary. If it is documented that patient has made objective functional improvement on the initial 6 visits then additional visits may be medically appropriate.

**MRI of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): 304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 303.

**Decision rationale:** MRI of the lumbar spine is not medically necessary per MTUS guidelines. Per MTUS guidelines, "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Electromyography (EMG), including H-

reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Electrodiagnostic testing prior to any further imaging studies would be medically appropriate in this patient. Therefore MRI of the lumbar spine is not medically necessary at this time.

**EMG/NCV of the bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure.

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

**Decision rationale:** EMG/NCV of the bilateral lower extremities is medically necessary per MTUS guidelines. Per MTUS guidelines, "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Electrodiagnostic testing prior to any further imaging studies would be medically appropriate in this patient. Patient has had evidence of BLE weakness on documentation submitted as well as radicular symptoms lasting over 4 weeks. Therefore EMG/NCS would be medically appropriate in the patient. )H reflexes are part of the nerve conduction studies. )

**TENS/EMS and supplies for the lumbar spine (rental or purchase):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7, 114-116.

**Decision rationale:** TENS/EMS and supplies for the lumbar spine (rental or purchase) are not medically necessary per MTUS guidelines. MTUS guidelines recommend TENS "as an adjunct to a program of evidence-based functional restoration." Additionally, there should be "a treatment plan including the specific short- and long-term goals of treatment with the TENS unit" documented. The above documentation does not submit evidence of a treatment plan or an ongoing documented program of evidence based functional restoration.