

<b>Case Number:</b>	CM13-0063104		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 36-year-old male who reported an injury on 03/08/2012, secondary to repetitive heavy lifting. Current diagnoses include protrusion at L4-5 and L5-S1 with radiculopathy, disproportionate neurologic findings in the lower extremities, and rule out lumbar intradiscal component. The injured worker was evaluated on 11/12/2013. The injured worker reported 8/10 low back pain with increasing right lower extremity symptoms. The injured worker does report improvement with the current medication regimen. Prior conservative treatment has also included physical therapy, activity modification, TENS therapy, home exercises, and cold/heat therapy. Physical examination revealed limited lumbar range of motion, diminished strength bilaterally, diminished sensation at the right L4 through S1 dermatomal distributions, and positive straight leg raising bilaterally. Treatment recommendations at that time included an MRI of the lumbar spine, EMG/NCV of bilateral upper extremities, and physical therapy for the lumbar spine 3 times per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UPDATED MRI OF LUMBAR SPINE.:** 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).

**Decision rationale:** The California MTUS Guidelines state if 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. Official Disability Guidelines (ODG) state indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with a suspicion for red flags, uncomplicated low back with radiculopathy after 1 month of conservative therapy, and myelopathy. As per the documentation submitted, the injured worker reports 8/10 low back pain with increasing right lower extremity symptoms. The injured worker also reports a gradual onset of left lower extremity symptomatology. Physical examination does reveal positive straight leg raising on the left at 45 degrees. However, the injured worker recently underwent an MRI of the lumbar spine on 07/09/2013. There were no previous physician progress reports submitted for this review documenting a significant change in the injured worker's symptoms or physical examination findings following the updated MRI. The previous MRI on 07/09/2013 was not provided for review. The injured worker also underwent a lumbar spine MRI in 2012, which was not provided for review. The medical necessity for a repeat lumbar MRI at this time has not been established. As such, the request is non-certified.

**UPDATED EMG/NCV FOR BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12 ( LOW BACK COMPLAINTS ), 303

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), NECK AND UPPER BACK COMPLAINTS, PAGE 177-179

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there was no physical examination of the cervical spine or bilateral upper extremities. The injured worker does not report cervical spine pain or neurological deficit with regard to the upper extremities. The medical necessity has not been established. As such, the request is non-certified.

**TWELVE (12) PHYSICAL THERAPY SESSIONS FOR LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for neuralgia, neuritis and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations. Therefore, the request is non-certified.