

Case Number:	CM14-0107806		
Date Assigned:	08/01/2014	Date of Injury:	02/28/2014
Decision Date:	10/07/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/11/2014

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 Family Medicine 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 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 56 year old male who was injured on 02/28/14 when he was involved in a motor vehicle accident. The emergency room report dated 02/28/14 states the injured worker complains of soreness and pain in the right ankle. The injured worker later noted upper and lower back pain radiating to the right leg. Records note the upper back pain resolved and the low back pain continues. Progress report dated 04/24/14 states the injured worker is participating in physical therapy but that it is not significantly helping. This note includes a report from an x-ray of the lumbar spine which is significant for early degenerative disc disease at L2-3. An MRI of the lumbar spine dated 05/05/14 states, "...this [injured worker's] dominant finding is impingement of the descending left L5 nerve root at the L4-5 level on the basis of a left paracentral disc bulge combining with facet arthrosis for a left lateral recess stenosis." Minimal degenerative disc changes are noted at L2-3. A progress note dated 06/09/14 notes that previous treatment has included 6 sessions of physical therapy with no help and bracing with no help. The injured worker's medications are listed as Flexeril, Tramadol and Ibuprofen 800mg. The injured worker is seen for a consultation on 06/23/14; a clinical note of the same date includes a physical examination which reveals tenderness upon palpation midline at the level of the iliac crest, right lumbosacral region and right buttock. Sitting SLR is positive on the right greater than left. No motor or sensory deficits are noted. Suggested treatment plan includes physical therapy, acupuncture and LESIs at right L4-5. Subsequent progress note dated 06/25/14 includes a physical examination which is consistent with that performed during the consultation and includes a request for the LESIs, NCS of the left lower extremity and acupuncture. Utilization Review dated 07/03/14 denies requests for a series of three LESIs and EMG/NCV and modifies a request for 12 sessions of acupuncture to allow for a trial of 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection , guided ultrasound times 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

Decision rationale: The request for lumbar epidural steroid injection guided ultrasound times 3 is not recommended as medically necessary. MTUS Chronic Pain Medical Treatment Guidelines state criteria for the use of ESIs includes evidence of an active radiculopathy upon physical examination which is corroborated by imaging and/or electrodiagnostic testing. The physical examinations submitted for review did not include unequivocal evidence of pathology about a specific nerve root. No motor or sensory deficits are noted about the lower extremities. Moreover, guidelines do not support a "series of three" injections in either the diagnostic or therapeutic phase. Based on the clinical information provided, medical necessity of lumbar epidural steroid injection guided ultrasound times 3 is not established.

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) : Low Back Chapter

MAXIMUS 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 - Lumbar & Thoracic chapter, sections on EMGs (electromyography) and Electrodiagnostic studies (EDS)

Decision rationale: The request for an EMG of the left lower extremity is not recommended as medically necessary. ACOEM states EMGs may be useful to identify subtle, focal neurologic dysfunction in individuals with low back symptoms lasting more than three or four weeks. Per this guideline, EMGs have fair relative ability to identify or define pathology such as a disc protrusion. The records submitted for review do not provide a rationale for the request for EMG/NCV of the left lower extremity. Physical examination does not reveal evidence upon physical examination of the left lower extremity which would suggest a pathology such as a disc protrusion; there is no evidence of focal neurologic dysfunction such as diminished strength, sensation or reflexes. Based on this, medical necessity of an EMG of the left lower extremity is not established.

NCV lower left extremity: 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) , Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic Chapter, sections on Nerve Conduction Studies and Electrodiagnostic studies (EDS)

Decision rationale: The request for an NCV of the left lower extremity is not recommended as medically necessary. MTUS/ACOEM do not address the use of NCVs. ODG does not support the use of nerve conduction studies when an individual is presumed to have symptoms on the basis of radiculopathy. NCV's are often performed with EMGs. ODG states EMGs are recommended as an option to obtain unequivocal evidence of a radiculopathy after one month of conservative therapy. Records indicate the injured worker participated in 6 sessions of physical therapy. The frequency/duration at which these sessions were performed is not described. Moreover, the records submitted for review do not provide a rationale for the request for EMG/NCV of the left lower extremity. Physical examination does not reveal evidence upon physical examination of the left lower extremity which would suggest a pathology such as a disc protrusion; there is no evidence of focal neurologic dysfunction such as diminished strength, sensation or reflexes. As such, the need for an EMG is not indicated and medical necessity of an NCV of the left lower extremity is not established.

Acupuncture 2x6 to low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Acupuncture

Decision rationale: The request for acupuncture twice per week for 6 weeks (12 sessions) for the low back is not recommended as medically necessary. MTUS supports the use of acupuncture when "pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Records do not indicate the injured worker is a surgical candidate or that pain medication is reduced or not tolerated. When the use of acupuncture is indicated, guidelines recommend an initial trial of 3-4 visits over 2 weeks. Treatment beyond this trial should be based upon evidence of objective functional improvement. The submitted request exceeds guideline recommendations. Previous Utilization Review found that a trial of 4 visits of acupuncture would be medically appropriate. Based on the clinical information provided and the applicable guidelines, medical necessity of 12 sessions of acupuncture (twice per week for 6 weeks) is not established.