

Case Number:	CM14-0012661		
Date Assigned:	02/21/2014	Date of Injury:	09/14/2012
Decision Date:	08/07/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational 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 patient is a 40-year-old male who has submitted a claim for lumbar disc herniation and lumbar radiculopathy associated with an industrial injury date of 09/14/2012. Medical records from 01/21/2013 to 12/12/2013 were reviewed and showed that patient complained of chronic low back pain graded 4-7/10 radiating down the left lower extremity. Intermittent numbness and tingling has been noted in his left leg. The pain was aggravated by lifting, pulling, or twisting activities. Physical examination revealed diffuse tenderness and spasm over lumbar paravertebral muscles. Tenderness over left buttock was noted. Decreased lumbar ROM was noted. DTRs were absent bilaterally. Diffuse hypesthesia of left lower extremity below the knee was noted. Sensation to light touch and pinprick of the right lower extremity was noted. MMT was intact. SLR test was positive bilaterally at 80 degrees (supine). X-ray of the lumbar spine dated 11/04/2013 revealed loss of normal lordotic curvature and mild degenerative disc disorder, multiple levels. MRI of the lumbar spine dated 11/04/2013 revealed L4-5, L5-S1 herniated nucleus pulposus. Treatment to date has included unspecified visits of physical therapy and pain medications. The decision and rationale of utilization review dated 01/21/2014 was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the low back: Upheld

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

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient has completed unspecified visits of physical therapy. Functional outcome from the PT visits were not documented. There is no discussion as to why the patient cannot self-transition to HEP. Therefore, the request for PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE LOW BACK is not medically necessary.

Electromyography (EMG) of the bilateral lower extremities: Overturned

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.

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, the patient had chronic low back pain radiating to the left lower extremity with associated tingling and numbness sensation. Clinical manifestations of hypoesthesia, hyporeflexia, and positive SLR at bilateral lower extremities are consistent with focal neurologic deficit. The medical necessity of EMG at bilateral extremities has been established. Therefore, the request for electromyography (EMG) of the bilateral lower extremities is medically necessary.

Nerve conduction studies (NCS) of the bilateral lower extremities: 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, Electrodiagnostic studies.

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 Chapter, Nerve Conduction Studies (NCS).

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of

Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, the patient had chronic low back pain radiating to the left lower extremity. Objective evidences of radiculopathy were present in the left lower extremity. Diffuse hypesthesia of left lower extremity below the knee was noted. Clinical manifestations at the left leg strongly indicate the presence of radiculopathy; hence, NCV is not warranted. Regarding NCV at the contralateral side, patient denied radiation of pain at the right leg. Therefore, the request for NCS OF THE BILATERAL LOWER EXTREMITIES is not medically necessary.