

Case Number:	CM14-0116922		
Date Assigned:	08/04/2014	Date of Injury:	06/15/2012
Decision Date:	10/02/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/24/2014

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 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 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 27-year-old male with a reported date of injury on 06/15/2012. The mechanism of injury was noted to be a lifting injury. His diagnoses were noted to include lumbar spine sprain/strain. His previous treatments were noted to include physical therapy, medications, acupuncture, and home exercise program. The progress note dated 06/16/2014 revealed complaints of low back pain and difficulty lifting objects greater than 10 to 20 pounds. The physical examination revealed pain and tenderness within the lumbar spine (L4-S1) upon palpation with muscle guarding to the lumbar spine upon palpation. The provider recommended for the injured worker to continue aqua therapy and was given Norco. The request for authorization form dated 06/16/2014 was for aqua therapy 2 times a week for 4 weeks to continue treatment, spine surgeon consult for evaluation of the lumbar spine, and nerve electromyography/nerve conduction study/nerve conduction velocity/small pain fiber, however the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy (unspecified location): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The request for aqua therapy (unspecified location) is not medically necessary. The injured worker has participated previously in aquatic therapy/physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines recommend for myalgia and myositis, 9 to 10 visits over 8 weeks. There is a lack of documentation regarding current measurable functional deficits with quantifiable functional improvements with previous physical therapy sessions as well as the number of sessions completed. There is lack of documentation regarding the need for reduced weight bearing such as morbid obesity to warrant aqua therapy. Additionally, the request failed to provide the body region and number of sessions requested. Therefore, the request is not medically necessary.

Spine surgeon consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM: Chapter 7, Page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Guidelines (ACOEM), Second Edition (2004), Chapter 6, page 163

Decision rationale: The request for a spine surgeon consult is not medically necessary. The injured worker complains of low back pain and has tenderness upon palpation to the lumbar spine. "The CA MTUS/ACOEM guidelines state that if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in advisory capacity that may sometimes take full responsibility for investigating and/or treating an injured worker with the doctor/patient relationship." There is a lack of neurological deficits and significant findings on imaging studies to warrant a spine surgeon consult. Therefore, the request is not medically necessary.

EMG bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an electromyography to the bilateral lower extremities is not medically necessary. The injured worker complains of low back pain and tenderness upon palpation to the L4-S1 region. The California MTUS/ACOEM Guidelines state electromyography, including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The guidelines state electromyography can be used to identify and define disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. There was a lack of documentation regarding neurological deficits to warrant an electromyography. Electromyography is for when radiculopathy is present on physical examination but the affective nerve is not clear. The clinical findings noted tenderness to palpation along the L4-S1 distribution; however, there is a lack of documentation regarding decreased sensation or motor strength in a specific dermatomal distribution. Therefore, the request is not medically necessary.

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve Conduction Studies

Decision rationale: The request for a nerve conduction velocity of the bilateral lower extremities is not medically necessary. The injured worker complained of low back pain and had tenderness to palpation to the L4-S1 distribution. The Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting this herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have a low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support use of often uncomfortable and costly EMG/NCS. There is a lack of documentation regarding significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution to warrant a nerve conduction velocity. The guidelines do not recommend nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy and there is a lack of clinical findings consistent with a possibility of radiculopathy. Therefore, the request is not medically necessary.

SPF of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve Conduction Studies

Decision rationale: The request for small pain fiber of the bilateral lower extremities is not medically necessary. The injured worker complained of low back pain and had tenderness to palpation to the L4-S1 distribution. The Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting this herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have a low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support use of often uncomfortable and costly EMG/NCS. There is a lack of documentation regarding significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution to warrant a nerve conduction velocity. The guidelines do not recommend nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy and there is a lack of clinical findings consistent with a possibility of radiculopathy. Therefore, the request is not medically necessary.

NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve Conduction Studies

Decision rationale: The request for a small pin fiber of the bilateral lower extremities is not medically necessary. The injured worker complains of low back pain with tenderness to palpation along the L4-S1 distribution. The Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting this herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have a low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support use of often uncomfortable and costly EMG/NCS. There is a lack of documentation regarding significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution to warrant a nerve conduction velocity. The guidelines do not recommend nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy and there is a lack of clinical findings consistent with a possibility of radiculopathy. Therefore, the request is not medically necessary.