MAXIMUS Federal Services

Case Number:	CM14-0121095		
Date Assigned:	08/06/2014	Date of Injury:	02/27/2014
Decision Date:	09/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 45-year-old female who reported an injury on 02/27/2014, while she was at a meeting sitting on a bench when the bench collapsed with other coworkers on it landing on her leg. Her calves were under the wooden chairs. Diagnoses were lumbar spine discopathy, lumbar spine radiculopathy, lumbar facet syndrome, and bilateral sacroiliac joint arthropathy. Past treatments were physical therapy and aquatic therapy. Diagnostic tests were sleep apnea test, and an MRI of the lumbar spine, and an EMG. The MRI of the lumbar spine without contrast was on 04/04/2014, which revealed minimal to mild bilateral neural foraminal stenosis and mild bilateral lateral recess stenosis was seen without central canal stenosis or nerve root compression at the L5-S1 secondary to a 7.0 mm broad based disc herniation. A 3.0 mm disc protrusion was noted at the L4-5 resulting in mild bilateral lateral recess stenosis without evidence of central canal or neural foraminal stenosis. The EMG/NCV study was done on 04/09/2014 and revealed a bilateral active L5 radiculopathy. Surgical history was not reported. Physical examination on 06/30/2014 revealed complaints of pain in the back, which was constant. The pain was reported as radiating in to the sides. There were complaints of burning sensation all the way down to her feet. The injured worker also experienced severe spasm in her feet. The pain was rated at an 8/10. The pain was described as deep and intense that travelled to her forearm with some swelling. Examination revealed there was tenderness to palpation over the thoracic and lumbar paraspinal muscles. There was facet tenderness to palpation at the L4-S1 levels. Straight leg raise seated was to 60 degrees on the right 70 degrees on the left, with no pain reported. Supine straight leg raise was 50 degrees on the right, 60 degrees on the left, with no pain reported. Lumbar range of motion for flexion was 65 degrees, extension was to 10 degrees, lateral bending to the right was to 20 degrees, and 25 degrees to the left. There was decreased sensation along the L5 dermatomal distributions bilaterally to pain, temperature, light

touch, vibration and 2 point discrimination. Examination of the lower extremities revealed absent reflexes for the ankle in the right and the left. Medications were Naproxen, Soma, Norco, Paxil and Flexeril. Treatment plan was for lumbar epidural injection. The rationale was currently, TFESI is widely used for the management of lumbosacral radiculopathy. Lumbar transforaminal epidural steroid injection (TFESI) is a procedure designed to deliver an aliquot of a corticosteroid preparation to the immediate vicinity of a lumbar spinal nerve and its roots by the intervertebral foramen in which the target nerve lies. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the left lower extremity: Upheld

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

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) Low Back, Nerve Conduction Studies.

Decision rationale: The request for EMG/NCV of the left lower extremity is not medically necessary. ACOEM states that 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. There should be documentation of 3 - 4 weeks of conservative care and observation. Official Disability Guidelines (ODG) does not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. Therefore, the request is not medically necessary.

EMG/NCV of the right lower extremity: Upheld

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

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) Low back, Nerve Conduction Studies.

Decision rationale: The request for EMG/NCV of the left lower extremity is not medically necessary. ACOEM states that 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. There should be documentation of 3 - 4 weeks of conservative care and observation. Official Disability Guidelines (ODG) does not recommend

NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. Therefore, the request is not medically necessary.

Ortho shockwave therapy (right wrist): 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) Low Back, Shock Wave Therapy.

Decision rationale: The request for Ortho Shockwave Therapy (right wrist) is not medically necessary. The California MTUS does not address shockwave therapy. The Official Disability Guidelines (ODG) states that shockwave therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified. The medical guidelines do not support the use of shockwave therapy. Therefore, the request is not medically necessary.