

Case Number:	CM14-0161761		
Date Assigned:	10/07/2014	Date of Injury:	06/16/2011
Decision Date:	12/05/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/02/2014

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 41-year-old male who reported an injury on 06/16/2011. The injured worker reportedly suffered a low back injury when jumping off of a trailer. The current diagnoses include L3-4 disc bulge, L4-5 disc bulge, protrusion with annular fissures, L5-S1 foraminal protrusion, L4-S1 neural foraminal narrowing, and lumbar spine radiculopathy. The injured worker was evaluated on 09/15/2014 with complaints of persistent pain in the thoracic spine, lumbar spine, and bilateral lower extremities. Previous conservative treatment is noted to include physical therapy, medication management, lumbar epidural steroid injection, and activity modification. Physical examination revealed a non-antalgic gait, 35 degree flexion, 15 degree extension, 25 degree right and left lateral flexion, positive toe walk, positive heel walk, positive bilateral sciatic nerve stretch test, positive bilateral straight leg lifts at 65 degrees, positive paraspinal tenderness to percussion, and weakness in the right lower extremity. Treatment recommendations included baseline laboratory testing, prescriptions for Naproxen, Omeprazole, Tizanidine, Tramadol 50 mg, 7 view x-ray of the lumbar spine, MRI of the lumbar spine, physical therapy, chiropractic treatment, and acupuncture twice per week for 6 weeks, and nerve conduction studies. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for 12 sessions of acupuncture exceeds guideline recommendations. Therefore, the request is not medically necessary.

Chiropractic Therapy 2x6 Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 12 sessions of chiropractic therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.

MRI Lumbar: 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 rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. There is no documentation of any significant musculoskeletal or neurological deficit upon physical examination. The patient underwent an MRI of the lumbar spine in 2011. There is no evidence of a progression of symptoms or examination findings. There is also no mention of an attempt at recent conservative treatment prior to the request for an additional imaging study. As such, the request is not medically necessary.

X-Ray Lumbar Spine & view with SI joint: 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 rationale: California MTUS/ACOEM Practice Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even in if the pain has persisted for at least 6 weeks. There is no documentation of a significant functional limitation. There is no indication of the suspicion for any red flags for serious spinal pathology. There is also no mention of an attempt at recent conservative treatment prior to the request for an imaging study. The medical necessity has not been established. As such, the request is not medically necessary.

EMG/NCV bilateral lower extremities: 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 Chapter, Electrodiagnostic Studies.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there was no documentation of a sensory or motor deficit in a specific dermatomal distribution. There is also no mention of an attempt at recent conservative treatment. The medical necessity for electrodiagnostic testing of the bilateral lower extremities has not been established. As such, the request is not medically necessary.