

Case Number:	CM14-0170715		
Date Assigned:	10/23/2014	Date of Injury:	01/21/2008
Decision Date:	11/21/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 51-year-old female who reported injury on 01/21/2008. The mechanism of injury was heavy lifting. There was a detailed Request for Authorization submitted for the physiotherapy and the electrodiagnostic studies. The injured worker's medications included omeprazole 20 mg, tramadol 150 mg, naproxen sodium 550 mg, hydrocodone 10/325 mg and cyclobenzaprine 10 mg. The subjective complaints included low back and left leg pain. The injured worker was noted to be status post posterior lumbar interbody fusion with retained hardware. The diagnosis was the same. The treatment plan included physiotherapy 2 to 3 times 6, EMG/NCV of the bilateral lower extremities and a hardware block injection lumbar spine. The documentation of 08/22/2014 revealed the injured worker had x-rays and an MRI of the lumbar spine. The injured worker had complaints of constant pain in her low back with radiating pain going down the left leg. The pain was rated an 8/10. The pain increased with sitting, standing, walking, crossing her legs, bending at the waist, twisting, stooping, pushing, pulling, lifting or carrying of any weight. The physical examination revealed an abnormal gait with a limp in the left leg. The injured worker was utilizing a cane in the left hand to assist with ambulation. The injured worker had decreased lordosis and decreased range of motion. There was a positive straight leg raise at 70 degrees on the left and cross positive 85 degrees on the right. This movement elicited pain in the L5-S1 dermatomes. The injured worker had a positive Lasegue's bilaterally. The injured worker had tightness and spasm in the paraspinal musculature. There was no tenderness at the posterior/superior spine. There was hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L5 and S1 dermatome level bilaterally. There was weakness in the big toe dorsiflexor and big toe plantar flexors bilaterally. There was facet joint tenderness at L5 level bilaterally. The injured worker had weakness noted in the bilateral foot dorsiflexor, left foot plantar flexor, and left foot evtor and

inverters. The injured worker had a right evertor strength deficit. The treatment plan included an EMG of the bilateral lower extremities to establish the precedents of radiculitis or neuropathy. Additionally, the prescription was for physical therapy 2 to 3 times a week for 6 weeks and medications. The injured worker had been authorized for removal of hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2-3 times per week for 6 weeks for the lumbar spine: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis as well as radiculitis for up to 10 visits. The clinical documentation submitted for review failed to indicate the quantity of sessions previously attended and the objective functional benefit that was received. There was a lack of documentation of objective functional deficits to support the necessity for 12 to 18 sessions of therapy. Given the above, the request for physiotherapy 2 to 3 times per week for 6 weeks for the lumbar spine was not medically necessary.

EMG/NCV or the bilateral lower extremities: Upheld

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

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, Nerve conduction studies (NCS)

Decision rationale: The American College of Occupational and Environmental Medicine 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. The Official Disability Guidelines do 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. The clinical documentation submitted for review indicated a request for lumbar spinal surgery and hardware removal was approved. There was a lack of documentation indicating a necessity for an EMG and NCV if surgical intervention had been approved. Given the above, the request for EMG/NCV of the bilateral lower extremities is not medically necessary.

Hardware block injection of the lumbar spine: 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 (updated 8/22/14)

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, Hardware injection (block)

Decision rationale: The Official Disability Guidelines indicate a hardware injection is recommended for a diagnostic evaluation of failed back surgery syndrome. The clinical documentation submitted for review indicated surgical intervention had been approved for hardware removal. As such, there was a lack of documentation indicating a necessity for a hardware block injection of the lumbar spine.