

Case Number:	CM14-0170717		
Date Assigned:	10/23/2014	Date of Injury:	05/28/2014
Decision Date:	11/21/2014	UR Denial Date:	09/15/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 46-year-old male with a date of injury of 05/28/2014. According to progress report 08/28/2014 by [REDACTED], the patient presents with constant lumbar pain that radiates down to both legs with numbness and tingling. The patient continues with physical therapy. Examination revealed tenderness to palpation over the right lumbar spine junction. There is hamstring tightness and pain with flexion and extension. There is decreased sensation noted to the bilateral feet, dorsal, and plantar. The listed diagnoses per [REDACTED] are: 1. Lumbar spine degenerative disk disease, per MRI 05/01/2014. 2. Lumbar spine herniated disks 3 mm at L4-L5 and 4 mm at L2-L3 per MRI 05/01/2014. 3. Lumbar spine radiculopathy. 4. Lumbar spine sprain/strain. The provider would like to request authorization for physical therapy 2 times a week for 6 weeks, MRI of the lumbar spine, EMG to the bilateral lower extremities, and NCV to the bilateral lower extremities. Utilization review denied the request on 09/15/2014. Treatment reports from 05/28/2014 through 08/28/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy to 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

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

Decision rationale: This patient presents with low back pain that radiates into the lower extremities with numbness and tingling. The provider is requesting physical therapy 2 times a week for 6 weeks "for functional improvement." For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis-type symptoms 9 to 10 visits over 8 weeks. Review of the medical file indicates that the patient participated in 6 physical therapy sessions between 06/16/2014 and 06/26/2014. Physical therapy treatment report from 06/26/2014, states that the patient continues to complain of lower back pain. It was noted that range of motion is improving, but 6 additional sessions are recommended. On 06/19/2014 it was noted that the patient tolerated treatment well, but requires tactile and verbal cues to engage patient in exercises. In this case, the provider's request for additional 12 sessions exceeds what is recommended by MTUS. Furthermore, the provider does not discuss why additional treatment is being indicated and there is no rationale as to why the patient is unable to transition to a self-directed home exercise program. Therefore, this request is not medically necessary.

EMG (Electromyography) to Bilateral Lower Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, EMG Studies

Decision rationale: This patient presents with low back pain that radiates into the lower extremities with numbness and tingling. The provider is requesting an EMG for the bilateral lower extremities. ACOEM Guidelines page 303 states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG Guidelines under its low back chapter has the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious." Review of the medical file does not indicate that the patient has had an EMG or NCV in the past. MRI of the lumbar spine from May 2014, revealed 3mm herniated disks at L4-L5 and 4 mm at L2-L3. In this case, the patient has not had an EMG in the past and it appears the provider is requesting one to confirm radiculopathy. Therefore, this request is medically necessary.

NCV to Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, NCV Studies

Decision rationale: This patient presents with low back pain that radiates into the lower extremities with numbness and tingling. The provider is requesting NCV to the bilateral lower extremity to "rule out radiculopathy." The MTUS and ACOEM do not discuss NCS. However, ODG guidelines under its low back chapter have the following regarding NCV studies: "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy (Utah, 2006). This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy (Al Nezari, 2013)". Review of the medical file does not indicate that the patient has had an EMG or NCV in the past. In regard to NCV studies, ODG guidelines states, Nerve conduction studies (NCS) are not recommended for low back conditions. This presents with low back pain and the provider does not raise any suspicion for peripheral neuropathy, plexopathy or other neuropathies other than radicular symptoms to consider NCV studies. Therefore, this request is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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

Decision rationale: This patient presents with low back pain that radiates into the lower extremities with numbness and tingling. Provider is requesting a repeat MRI of the lumbar spine to "see if any symptoms have changed." Review of the medical file indicates the patient underwent a lumbar MRI in May of 2014. This report was not provided for my review. The provider states the imaging revealed 3 mm herniated disks at L4-L5 and 4 mm at L2-L3. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." In this case, the provider would like an updated MRI for patient's continued pain. However, examination findings do not confirm neurologic deficits such as weakness, reflex changes, etc. Furthermore, there are no red flags, significant changes in exam, or new location of symptoms to require additional investigation. Therefore, this request is not medically necessary.