

Case Number:	CM14-0171779		
Date Assigned:	10/23/2014	Date of Injury:	02/07/2011
Decision Date:	11/25/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 36 year old employee with date of injury of 2/7/11. Medical records indicate the patient is undergoing treatment for right trochanteric bursitis and chronic low back pain. Subjective complaints include persistent low back pain that radiates laterally and occasionally radiates to hips and lower extremities. She notes numbness and tingling but it does not extend beyond her knees. Her pain becomes worse when getting up, lifting and lying down. Objective findings include: lumbar spine has 80 degrees flexion; 10 degrees extension; 20 degrees right side bending; 25 degrees left side bending; 20 degrees bilateral rotation. Straight leg raise is 20 degrees right, 30 degrees left. Faber's test is positive bilaterally, Lasegue's test is positive on the right and Soto-Hall is positive. Pinprick is normal in the right leg but decreased on the left from lateral calf to ankle. Treatment has consisted of Tylenol, Norco, Nabumetone, at home stretching exercises and a TENS unit (that was given to her by a chiropractor 2 years ago). She previously had PT. She also had lumbar epidural steroid injections without benefit. The utilization review determination was rendered on 9/24/14 recommending non-certification of MRI of the lumbosacral spine; X-ray of the pelvis; EMG/NCS of the bilateral legs/lower back; Continued usage of tens unit & supplies rental or purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbosacral spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs magnetic resonance imaging

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery" ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The treating physician has not provided documentation to justify a repeat MRI and has provided no evidence of a significant new injury or re-injury. The medical notes provided did not document significant new neurologic symptoms when compared to 2011. Additionally, there was no documentation of red flag diagnosis such as saddle anesthesia, fecal retention, or urinary retention. As such, the request for MRI lumbosacral spine is not medically necessary at this time.

X-ray of the pelvis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Worker's compensation, Hip and Pelvis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 295-303. Decision based on Non-MTUS Citation Official Disability Guidelines Hip & Pelvis, X-Ray

Decision rationale: ACOEM states "A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas". ODG states "Recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. (Mullis, 2006) X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis". The treating physician provided no evidence of red flag diagnosis, re-injury, or a new severe injury. In addition, the treating physician did not provided detailed exam findings of the Pelvis and hip. As such, the request for X-ray of the pelvis is not medically necessary.

EMG/NCS (Electromyography / Nerve Conduction Studies) of the bilateral legs/lower back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing EMG/NCS

Decision rationale: ACOEM states "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." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". A MRI documents foraminal narrowing that is consistent with the treating physician's physical exam findings. The need for an EMG/NCS is not supported as radiculopathy is already confirmed by MRI and physical exam. As such the request for EMG/NCS of the bilateral legs/lower back is not medically necessary.

Continued usage of TENS unit & supplies (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

Decision rationale: ACOEM guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states regarding inferential units, "Not recommended as an isolated intervention" and details the criteria for selection: - Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." The treating physician's progress notes do not indicate that the patient has poorly controlled pain, concerns for substance abuse, pain from postoperative conditions that limit ability to participate in exercise programs/treatments, or is unresponsive to conservative measures. In addition, the patient has had a TENS unit and the treating physician has not detailed functional improvement from the

TENS unit or documented short-long term treatment goals. As such, current request Continued usage of TENS unit & supplies (rental or purchase) is not medically necessary.