

Case Number:	CM14-0179191		
Date Assigned:	11/03/2014	Date of Injury:	12/18/2013
Decision Date:	12/10/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/28/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 9, 2014, the claims administrator approved a request for Neurontin, approved an epidural steroid injection, denied lower extremity electrodiagnostic testing, and denied 18 sessions of physical therapy. The claims administrator suggested that the applicant had a lumbar MRI demonstrating a disk protrusion at L5-S1 generating severe neuroforaminal narrowing. The claims administrator suggested, then, that the applicant's radiculopathy was clinically evident and/or radiographically corroborated. It was, furthermore, suggested that the applicant was working regular duty. In a February 14, 2014 progress note, the applicant reported ongoing complaints of low back pain. The attending provider suggested that the applicant had a lumbar MRI which revealed a 6-mm right paracentral disk protrusion at L5-S1. It was stated that the applicant was working full time but denied any radicular symptoms as of this point in time. Self-directed physical therapy was sought. The applicant was apparently alleging pain complaints secondary to cumulative trauma at work as opposed to a specific, discrete injury, it was noted. In a September 23, 2014 progress note, the applicant reported ongoing complaints of low back pain. It was again noted that the applicant had a 6-mm central and right paracentral foraminal disk protrusion at L5-S1 generating severe narrowing of the right neural foramen and moderate narrowing of the right lateral recess. The attending provider posited that the applicant's L5-S1 herniated disk was the source of the right lower extremity radicular complaints. It was stated that the applicant had developed progressively worsening radicular pain and numbness

about the right lower extremity. Electrodiagnostic testing of the bilateral lower extremities was sought, along with a lumbar epidural steroid injection and 18 sessions of physical therapy. The applicant was asked to employ Neurontin on a trial basis, along with naproxen. The applicant's work status was not clearly stated on this occasion, although, it was suggested that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lower Extremity Electrodiagnostic Study: 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 ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" in applicants with a clinically obvious radiculopathy. Here, the applicant has a clinically evident radiculopathy. The applicant has a large disk herniation at L5-S1, right sided, which does reportedly account for the applicant's right-sided radicular complaints, the attending provider has acknowledged. It is not clear why electrodiagnostic testing is being sought here in light of the fact that the applicant's radiculopathy is both clinically evident and radiographically confirmed. Therefore, the request is not medically necessary.

Physical Therapy for the Lumbar Spine Three Times a Week for Six Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The 18-session course of treatment proposed, in and of itself represents treatment well in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant has already returned to regular duty work, the attending provider has suggested. The applicant should, thus, be capable of transitioning to a home exercise program without the lengthy formal course of physical therapy proposed here. Therefore, the request is not medically necessary.

