

Case Number:	CM14-0182271		
Date Assigned:	11/07/2014	Date of Injury:	08/20/2013
Decision Date:	12/12/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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 35 year old male with an injury date of 08/20/13. Based on the 09/22/14 progress report provided by [REDACTED] the patient complains of low back pain rated 7-9/10 that radiates to his buttocks and legs. Physical examination to the lumbar spine revealed tenderness to palpation with trigger points to the bilateral paraspinal muscles. Range of motion was restricted and decreased, especially on extension 15 degrees. Sensory examination revealed decreased sensation to light touch in the left lower extremity. Per progress report dated 07/16/14 by [REDACTED] the patient underwent a bilateral transforaminal lumbar epidural steroid injection on 06/04/14, with 50% improvement and decreased pain sustained for 12 weeks. Patient had left sacroiliac joint injection on 06/25/14 with 50% improvement and decrease in pain sustained for 12 weeks. Patient has weakness, tingling and numbness in both legs progressively. Patient is on home exercise program stretching back and legs to improve flexibility. Patient prescriptions include Norflex, Neurontin, Terocin patch and compound creams. Per physical therapy note dated 09/22/14, patient attended 12 sessions which provided some relief. MRI of the lumbar spine 12/18/13: moderate disc herniation at L3-4, L4-5 and L5-S1. Diagnosis 09/22/14: lumbar disc herniation without myelopathy; lumbar degenerative joint disease/degenerative disc disease; lumbar myospasm; left sided lumbar neuritis/radiculitis; morbid obesity. Diagnosis 07/16/14: lumbar sprain/strain; lumbar paraspinal muscle spasms/disc herniation; lumbar radiculitis/ radiculopathy of lower extremities; sacroiliitis of left sacroiliac joint. The utilization review determination being challenged is dated 10/20/14. The rationale follows: 1) MRI of the Lumbar Spine: "no documentation of radicular symptoms, red flags, physical therapy... "; 2) EMG/NCV of the Bilateral Lower Extremity: "no documentation of radicular symptoms..."; 3) Acupuncture 2 x 6 to the Lumbar Spine: "no documentation of

concurrent physical therapy, home exercise program, recent surgery..." [REDACTED], is the requesting provider and he provided treatment reports from 06/02/14 - 09/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar 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): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, MRIs (magnetic resonance imaging) (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols)

Decision rationale: The patient presents with low back pain rated 7-9/10 that radiates to his buttocks and legs. The request is for MRI of the lumbar spine. Patient has weakness, tingling and numbness in both legs progressively. Patient's diagnosis dated 07/16/14 included lumbar paraspinal muscle spasms/ disc herniation and lumbar radiculitis/ radiculopathy of lower extremities. Physical examination to the lumbar spine revealed tenderness to palpation with trigger points to the bilateral paraspinal muscles. Sensory examination revealed decreased sensation to light touch in the left lower extremity. Per physical therapy note dated 09/22/14, patient attended 12 sessions which provided some relief. Per progress report dated 07/16/14, patient is on home exercise program stretching back and legs to improve flexibility. His prescriptions include Norflex, Neurontin, Terocin patch and compound creams. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." For uncomplicated low back pain, ODG guidelines require at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present for an MRI. ODG supports an MRI for prior lumbar surgery as well. Treating physician has not stated purpose for repeat Lumbar Spine MRI. Patient had MRI of the lumbar spine on 12/18/13, which revealed moderate disc herniation at L3-4, L4-5 and L5-S1. For an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any of these. Recommendation is that the request is not medically necessary.

EMG/NCV of the bilateral lower extremity: Overturned

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, EMGs (electromyography)

Decision rationale: The patient presents with low back pain rated 7-9/10 that radiates to his buttocks and legs. The request is for EMG/NCV of the bilateral lower extremity. Patient has weakness, tingling and numbness in both legs progressively. Patient's diagnosis dated 07/16/14 included lumbar paraspinal muscle spasms/ disc herniation and lumbar radiculitis/ radiculopathy of lower extremities. Physical examination to the lumbar spine revealed tenderness to palpation with trigger points to the bilateral paraspinal muscles. Range of motion was restricted and decreased, especially on extension 15 degrees. Sensory examination revealed decreased sensation to light touch in the left lower extremity. Per physical therapy note dated 09/22/14, patient attended 12 sessions which provided some relief. He is on home exercise program stretching back and legs to improve flexibility. His prescriptions include Norflex, Neurontin, Terocin patch and compound creams. ACOEM guidelines page 303 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 guidelines have the following regarding EMG studies: Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. (Bigos, 1999) UR letter dated 10/20/14 states "no documentation of radicular symptoms..." Patient's diagnosis dated 07/16/14 included lumbar paraspinal muscle spasms/ disc herniation and lumbar radiculitis/ radiculopathy of lower extremities. The request for EMG of the bilateral lower extremities would be reasonable; however, treating physician has not documented reason for the request. Even so, the ACOEM supports EMG for low back pain and given the patient's leg symptoms, NCV studies are reasonable as well. Recommendation is that the request is medically necessary.

Acupuncture 2 x 6 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13 of 127.

Decision rationale: The patient presents with low back pain rated 7-9/10 that radiates to his buttocks and legs. The request is for Acupuncture 2 x 6 to the lumbar spine. Patient has weakness, tingling and numbness in both legs progressively. Patient's diagnosis dated 07/16/14 included lumbar paraspinal muscle spasms/ disc herniation and lumbar radiculitis/ radiculopathy of lower extremities. The patient underwent a bilateral transforaminal lumbar epidural steroid injection on 06/04/14, and left sacroiliac joint injection on 06/25/14 with 50% improvement and decrease in pain sustained for 12 weeks. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS page 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." UR letter dated 10/20/14 states "no documentation of concurrent physical therapy, home exercise program, recent surgery..." Per physical therapy note dated 09/22/14, patient attended 12 sessions which provided some relief. Per progress report dated 07/16/14, patient is

on home exercise program stretching back and legs to improve flexibility. MTUS allows for a trial of acupuncture up to 6 sessions and more if functional improvement is demonstrated. Based on medical record, given that this patient has not tried acupuncture in the past, the request would be indicated based on MTUS. However, the requested 12 sessions exceed what is allowed by guidelines. Recommendation is that the request is not medically necessary.