

<b>Case Number:</b>	CM14-0036385		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/25/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 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 injured worker is a 62-year-old female who reported an injury on 01/25/2012. The mechanism of injury was not provided for clinical review. The diagnoses include lumbar spine sprain/strain, right foot plantar fasciitis, and psychological symptoms. Previous treatments were not provided in the clinical documentation. The medication regimen was not provided for clinical review. Within the clinical note dated 02/12/2014, reported the injured worker complained of lumbar spine pain that was constant. She complained of right foot pain. Upon the physical exam, the provider noted tenderness to palpation of the lumbar spine paraspinal with spasms. The provider indicated tenderness to palpation of the right heel. The provider indicated the injured worker's left ankle strength 4+/5, decreased sensation of the left foot, and 1+ deep tendon reflexes of the left patella. The clinical documentation submitted is largely illegible. The provider requested physiotherapy, lumbar brace, EMG, and NCV. However, rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 2 x 4 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** The request for Physiotherapy 2 x 4 for the lumbar spine is not medically necessary. The injured worker complained of lumbosacral pain and right foot pain. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The Guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of their treatment process in order to maintain functional improvement. The Guidelines note for neuralgia and myalgia 8 to 10 visits of physical therapy are recommended. There is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength or flexibility. There is lack of objective findings indicating the injured worker had myalgia or neuralgia. The clinical documentation submitted is largely illegible. Therefore, the request for Physiotherapy 2 x 4 for the lumbar spine is not medically necessary.

**EMG of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for EMG of the bilateral lower extremities is not medically necessary. The injured worker complained of lumbosacral pain and right foot pain. The California MTUS/American College of Occupational and Environmental Medicine notes electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Discography is not recommended for assessing patients with acute low back pain. There is a lack of neurological deficits such as decreased sensation, or motor strength on a specific dermatomal or myotomal distribution. However, although an EMG of the lower extremity may be warranted, there is a lack of documentation warranting the medical necessity for EMG of the right lower extremity. The clinical documentation submitted is largely illegible. Therefore, request for EMG of the bilateral lower extremities is not medically necessary.

**NCV of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61.

**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, Nerve Conductions Study.

**Decision rationale:** The request for NCV of the bilateral lower extremities is not medically necessary. The injured worker complained of lumbosacral pain and right foot pain. The Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Systematic review and meta-analysis demonstrate the neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. There is lack of significant objective findings indicating the injured worker had bilateral decreased motor strength, decreases sensation, and decreased reflexes. However, although an NCV may be warranted for the left lower extremity, there is a lack of documentation indicating the right lower extremity to have signs and symptoms warranting the medical necessity for an NCV. The clinical documentation submitted is largely illegible. Therefore, the request for NCV of the bilateral lower extremities is not medically necessary.

**Lumbar brace for support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar Supports.

**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, Lumbar Support.

**Decision rationale:** The request for Lumbar brace for support is not medically necessary. The injured worker complained of lumbosacral pain and right foot pain. The California MTUS/American College of Occupational and Environmental Medicine notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In addition, the Official Disability Guidelines do not recommend lumbar supports for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back and neck pain. Lumbar supports do not prevent low back pain. A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions are not effective, including stress management, shoe inserts, and back supports. There is a lack of documentation warranting the medical necessity for a lumbar brace for support. Additionally, the Guidelines do not recommend the use of lumbar support for low back pain. The provider's rationale for the use of the lumbar brace was not provided. The clinical documentation submitted is largely illegible. Therefore, the request for Lumbar brace for support is not medically necessary.