

Case Number:	CM14-0036699		
Date Assigned:	07/23/2014	Date of Injury:	11/07/2013
Decision Date:	09/08/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/20/2014

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, has a subspecialty in Preventive 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 low back pain reportedly associated with an industrial injury of November 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the course of the claim; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 5, 2014, the claims administrator partially certified request for eight sessions of physical therapy as six sessions of physical therapy. Work conditioning, electrodiagnostic testing, three epidural steroid injections, and a muscle stimulator were denied. The applicant's attorney subsequently appealed. On November 7, 2013, the applicant presented with 5-6/10 low back pain. The applicant was using oral ketoprofen, Flexeril, and Norco. Authorization was sought for epidural steroid injections. It was stated that the applicant could be a candidate for a lumbar microdiscectomy at L4-L5 and L5-S1 if the epidural injections in question were unsuccessful. On May 15, 2014, lumbar epidural steroid injections were again sought. The applicant was again described as using Norco, Flexeril, and ketoprofen. The applicant's work status was not furnished on this occasion. On May 28, 2014, the applicant was placed off of work, on total disability. Eight sessions of physical therapy, electrodiagnostic testing of the bilateral lower extremities, an internal medicine consultation for management of hypertension, a psychiatry consultation, home electrical muscle stimulator, and multiple epidural steroid injections were sought. It was stated that the applicant had 5-mm disk herniations at L4-L5 and a 4-mm disk herniation at L5-S1 and that the applicant had abnormal electrodiagnostic testing of January 23, 2014. It was stated that the applicant had persistent complaints of low back pain radiating into the bilateral lower extremities, left greater than right with some weakness about the left leg on exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 X 4 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 99, Physical Medicine topic.2. MTUS page 8.3. MTUS 9792.20f. Page(s): 99,8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 8 to 10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off of work, despite having completed prior unspecified amounts of physical therapy over the course of the claim. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including opioid agents such as Norco. Continuing previously tried and failed physical therapy is not indicated as the applicant has failed to demonstrate any evidence of functional improvement as defined in MTUS 9792.20f through prior unspecified amounts of therapy. Therefore, the request is not medically necessary and appropriate.

Work Conditioning 2X4 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening topic Page(s): 125-126.

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of work hardening and/or work conditioning is evidence that an applicant is not a candidate where surgery or other treatments would clearly be warranted to improve function. In this case, it has been suggested that the applicant could potentially be a surgical candidate. It is stated that the applicant could potentially be a candidate for a lumbar microdiscectomy procedure at L4-L5 and/or L5-S1. This effectively argues against the proposal for work conditioning here. Therefore, the request is not medically necessary and appropriate.

Electromyography of the lower extremity: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" for applicants with a clinically obvious radiculopathy. In this case, the applicant in fact has a clinically obvious, radiculopathy confirmed radiculopathy at the L4-L5 and L5-S1 levels. The applicant is reportedly a candidate for surgery at the same levels, the attending provider has suggested. It is unclear what role electromyography would serve here if the applicant's radiculopathy is already clinically evident and radiographically confirmed. Therefore, the request is not medically necessary and appropriate.

Nerve Conduction Velocity study of the lower extremity: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies are "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, there is no clearly voiced evidence or suspicion of any lower extremity entrapment neuropathy. There is no evidence that a generalized peripheral neuropathy or diabetic neuropathy is suspected here. Rather, it appears that the applicant already carries a diagnosis of clinically evident, radiographically corroborated lumbar radiculopathy. Nerve conduction testing is not indicated as the diagnosis in question has already been definitively established. Therefore, the request is not medically necessary and appropriate.

lumbar epidural steroid injection X3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 46, Epidural Steroid Injections topic. Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, current research does not support the series of three epidural steroid injections being proposed by the attending provider. No compelling applicant-specific rationale or medical evidence was proffered so as to offset the unfavorable MTUS position here. Therefore, the request is not medically necessary and appropriate.

Muscle Stimulator for home use lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation devices Page(s): 120. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 121, Neuromuscular Electrical Stimulation topic. Page(s): 121.

Decision rationale: The muscle stimulator seemingly represents a form of neuromuscular stimulation. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation is not recommended in the chronic pain context present here and is used primarily as part of a rehabilitation program following a stroke. In this case, there is no evidence that the applicant has sustained or suffered a stroke. Provision of electrical muscle stimulation is not recommended in the chronic pain context present here. Therefore, the request is not medically necessary and appropriate.