MAXIMUS Federal Services

Case Number:	CM14-0060702		
Date Assigned:	07/09/2014	Date of Injury:	05/12/2013
Decision Date:	10/01/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/01/2014

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 patient is a 49 year old male who was injured on 05/12/2013. The mechanism of injury is unknown. The patient has been treated with chiropractic therapy, physical therapy and TENS unit. Diagnostic studies reviewed include EMG/NCV of bilateral lower extremities dated 02/12/2014 revealed evidence of a chronic right L4-L5 and S1 polyradiculopathy. There was no evidence of a peripheral neuropathy or myopathy. Pain management note dated 03/19/2014 documented the patient to have complaints of continued back pain rated as 8/10 in intensity. He stated the pain radiates into the bilateral legs, right greater than left. He does have associated numbness in the bilateral legs, right greater than left. He reported TENS and physical therapy does not help his pain. On exam, straight leg raise was positive for low back pain radiating into the bilateral lower extremities. Spurling's test and facet loading were positive. His sensation was decreased in the right lower extremity, knee to heel. There was weakness on strength testing in the bilateral lower extremities, right greater than left, with hip flexion, knee extension, and plantar flexion. There was tenderness to palpation over the cervical paraspinal musculature as well as lumbar paraspinal musculature and SI joint regions. Prior utilization review dated 04/16/2014 states the request for Physical therapy two times a week for six weeks is denied as there is no documented evidence indicating medical necessity; EMG/NCS of left lower extremities and EMG/NCS of right lower extremities are denied as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty))>

Decision rationale: As per CA MTUS guidelines, physical medicine 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. The guidelines recommend 9 visits over 8 weeks Intervertebral disc disorders without myelopathy, 10 visits over 8 weeks for Lumbar sprains and strains, or Lumbago / Backache. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. The patient has also reported that PT has not helped. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.

EMG/NCS of left lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies And Diagnostics And Treatment Consideration Page(s): s177-179.

Decision rationale: Per ODG guidelines, "there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." On the other hand, NCS is recommended to differentiate between radiculopathy and neuropathies. According to the guidelines, 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. In this case, there is clinical evidence of radiculopathy in the right lower extremity. EMG/NCV of bilateral lower extremities dated 02/12/2014 has also revealed evidence of a chronic right L4-L5 and S1 polyradiculopathy, with no evidence of a peripheral neuropathy or myopathy. There is no mention of the specific reason for repeat NCS/EMG. Thus, the medical necessity has not been established per guidelines; the request is not medically necessary.

EMG/NCS of right lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies And Diagnostics And Treatment Considerations Page(s): pages177-179.

Decision rationale: Per ODG guidelines, "there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." On the other hand, NCS is recommended to differentiate between radiculopathy and neuropathies. According to the guidelines, 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. In this case, there is clinical evidence of radiculopathy in the right lower extremity. EMG/NCV of bilateral lower extremities dated 02/12/2014 has also revealed evidence of a chronic right L4-L5 and S1 polyradiculopathy, with no evidence of a peripheral neuropathy or myopathy. There is no mention of the specific reason for repeat NCS/EMG. Thus, the medical necessity has not been established per guidelines; the request is not medically necessary.

Lumbar transforaminal ESIs on R L4-L5 and L5-S1 with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 49.

Decision rationale: per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is clinical evidence of radiculopathy. The IW stated the pain radiates into the both legs associated with numbness right greater than left. He had physical therapy without relief. On exam, straight leg raise was bilaterally. There is Electrodiagnostic evidence of poly-radiculopathy. While, one interlaminar or caudal epidural steroid injection may be indicated to cover multiple nerve roots in this senario, it is not clear as to why two transforaminal epidural injections with focus of the right L4 and L5 nerve roots has been requested. Therefore, the medical necessity of the request for right L4-5 & L5-S12 TF-ESI is not established according to the medical records; thus is not medically necessary.