

Case Number:	CM14-0062769		
Date Assigned:	08/08/2014	Date of Injury:	12/30/2011
Decision Date:	10/14/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/05/2014

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 Texas and Ohio. 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 63-year-old male who reported an injury on 12/30/2011. The injured worker stated that he was a passenger on a work vehicle, and as he was getting out of the vehicle, he did not notice there was a cord on the floor, and as he was moving away, his ankle was trapped by the cord, making him fall on the floor. The injured worker's treatment history included physical therapy sessions, MRI of the lumbar spine, and medications. The injured worker had undergone an MRI of the lumbar spine on 10/25/2013, which revealed grade I anterolisthesis was seen at L3-4. The L3 vertebral body was anteriorly translocated 3 mm on L4. Disc desiccation was noted throughout the lumbar spine. Endplate sclerotic changes are seen within the inferior endplate of L4, superior and inferior endplate of L5, and superior endplate of S1. Near complete obliteration of the L4-5 and L5-S1 intervertebral disc space is seen. There was no evidence of signal abnormality within the traversing or exiting nerve roots. There was no evidence of signal abnormality within the conus medullaris or cauda equina. The central cord ends at T12-L1. The injured worker was evaluated on 04/02/2014 and it is documented the injured worker complained of low back pain and bilateral leg pain, more on the left side, radiating to the left foot. The physical examination revealed limping gait, cervical spine tenderness with muscle spasms at C2-7, lumbar spine tenderness with muscle spasms at L1-5, decreased range of motion, positive straight leg raise bilaterally, decreased strength in the right lower extremity, positive Milgram's test, and 1+ DTRs bilaterally. Medications included Condrolite, Naproxen, Omeprazole, Cyclobenzaprine, topical compound cream, and Hydrocodone/APAP. It was documented on 11/04/2013 that the injured worker had chiropractic sessions, which he noted that the treatment only gives him temporary relief. Diagnoses include a lumbar musculoligamentous injury, lumbar radiculopathy, loss of sleep, anxiety, and depression. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for EMG (electromyography) of lower extremities is not medically necessary. The CAMTUS/ACOEM Guidelines state that an electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 weeks or 4 weeks. There was a lack of neurological defects pertaining to the lumbar spine documented. Per the records provided, the injured worker is having low back pain and bilateral leg pain more on the left side radiating to the left foot. The physical examination revealed a limping gait, lumbar spine tenderness with muscle spasms at L1-5, decreased range of motion, positive straight leg raise bilaterally, and decreased strength in the right lower extremity. However, the provider failed to indicate the duration of low back symptoms. As such, the request for EMG of lower extremities is not medically necessary.

NCV Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, Nerve Conduction Velocity Testing.

Decision rationale: The request for NCV of lower extremities is not medically necessary. The Official Disability Guidelines state that NCV is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is a lack of documentation indicating positive provocative testing indicating the pathology to the lumbar that revealed lack of functional deficits. There was no indication of failure of conservative care treatment to include physical therapy and medication pain management. Furthermore, the guidelines do not recommend NCV studies for the lower extremity. As such, the request for NCV of lower extremities is not medically necessary.

Acupuncture 1 Time a Week for 6 Weeks- Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 1 time a week for 6 weeks to lumbar is not medically necessary. Per the Acupuncture Medical Treatment Guidelines, it states that "acupuncture" is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines state that the frequency and duration of acupuncture with electrical stimulation may be performed to produce functional improvement for up to 3 to 6 treatments no more than 1 to 3 times per week with a duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The provider failed to indicate long-term goals. Given the above, the request for acupuncture is not medically necessary.

Chiropractor 2 Times a Week for 6 Weeks- Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Chiropractic Page(s): 58.

Decision rationale: The request for chiropractor 2 times a week for 6 weeks- lumbar is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program or return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 weeks to 8 weeks. The documents submitted indicated the injured worker had temporary relief from prior chiropractic sessions. As such, the request for chiropractor sessions for the lumbar is not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for MRI of lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The documents submitted indicated the injured worker had an MRI study done on 10/25/2013. The included medical documents failed to show evidence of significant neurological defects on physical examination. Additionally, the documentation failed to show the injured worker has tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapy, and neurological defects on physical exam, an MRI is not supported by the referenced guidelines. As such, the request for MRI of lumbar spine is not medically necessary.