

Case Number:	CM14-0071267		
Date Assigned:	07/14/2014	Date of Injury:	08/01/1988
Decision Date:	09/15/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/16/2014

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 50 year old female who sustained an injury to her low back on 08/11/88 due to cumulative trauma while performing her usual and customary duties as a clerk typist. In approximately 2004, the injured worker started experiencing pain, numbness, and tingling in the bilateral hands/wrists due to prolonged computer keyboarding. She continued to work for a while in spite of persisting and increasing symptoms. On 01/09/13, the injured worker started experiencing pain in her low back that she attributed to prolonged sitting and computer keyboarding. Her pain was so severe that at one point she could not report to work for approximately 3 days. She was examined by the industrial physician who informed her that her low back symptoms were not work related and treatment was not provided. MRI of the lumbar spine reportedly revealed lumbar spine damage. The injured worker was referred to a pain management specialist. The clinical note dated 07/23/14 reported that the injured worker continued to complain of stiffness in the low back and that she is experiencing a pinching sensation in the right buttock with pain that radiates through the right leg. Physical examination noted lumbar spine tenderness to palpation about the lumbar paravertebral musculature; positive straight leg raise right at 60 degrees; decreased sensation in the right L4-5 dermatome; restricted range of motion due to complaints of discomfort and pain; spasms also noted. The injured worker was diagnosed with lumbar spine sprain/strain with radicular complaints (MRI evidence of 4mm disc protrusion at L4-5 and 3mm disc protrusion at L5-S1).

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of lower extremity: Upheld

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

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 chapter, Electrodiagnostic studies (EDS).

Decision rationale: The request for an EMG/NCV of the bilateral lower extremities is not medically necessary. The previous request was partially certified for an EMG of the bilateral lower extremities. The previously requested NCS does not appear necessary; however guidelines do not support nerve conduction studies for low back pain in injured workers. Therefore, considering the injured worker's clinical history, as well as guideline recommendations, the request for an EMG/NCV was partially certified for EMG of the bilateral lower extremities. The Official Disability Guidelines state that nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. Current, evidence based studies demonstrated that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Given this, the request for nerve conduction velocity (NCV) of the bilateral lower extremities is not indicated as medically necessary.

Nerve Conductive Velocity (NVC) of lower extremity: Upheld

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

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 chapter, Electrodiagnostic studies (EDS).

Decision rationale: The request for an EMG/NCV of the bilateral lower extremities is not medically necessary. The previous request was partially certified for an EMG of the bilateral lower extremities. The previously requested NCS does not appear necessary; however guidelines do not support nerve conduction studies for low back pain in injured workers. Therefore, considering the injured worker's clinical history, as well as guideline recommendations, the request for an EMG/NCV was partially certified for EMG of the bilateral lower extremities. The Official Disability Guidelines state that nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. Current, evidence based studies demonstrated that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Given this, the request for nerve conduction velocity (NCV) of the bilateral lower extremities is not indicated as medically necessary.

1 Lumbar support brace: Upheld

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

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 chapter, Lumbar supports.

Decision rationale: The request for a lumbar support brace is not medically necessary. The previous request was denied on the basis that there was no evidence for the effectiveness of lumbar supports preventing low back pain and injury. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting, mechanics, and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high quality studies. The Official Disability Guidelines state that there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Recent, evidence based studies on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. These studies concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low back pain. Given this, the request for 1 lumbar support brace is not indicated as medically necessary.

8 sessions of Physical Therapy: Upheld

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

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 chapter, Physical therapy (PT).

Decision rationale: The request for 8 visits of physical therapy is not medically necessary. The previous request was denied on the basis that the request will be evaluated in consideration of applicable evidence based guidelines upon receipt of the requested information. There was no mention that a surgical intervention had been performed. The Official Disability Guidelines recommend up to 10 visits over 8 weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. There was no indication that the injured worker was actively participating in a home exercise program. There was no information provided that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. There was no additional significant objective clinical information provided for review that would support the need to exceed the Official Disability Guidelines recommendations, either in frequency or duration of physical therapy visits. Given this, the request for 8 visits of physical therapy is not indicated as medically necessary.

