

<b>Case Number:</b>	CM14-0071526		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/14/2004
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/17/2014

### 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 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:

Patient is a 39 year-old female with date of injury 08/14/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/04/2014, lists subjective complaints as pain in the low back with radicular symptoms to the lower right extremity. PR-2 supplied for review is handwritten and illegible. Objective findings Examination of the lumbar spine revealed tenderness to palpation along the paraspinal muscles and decreased range of motion in all planes due to pain. Right sacroiliac joint tenderness was noted. Straight leg test caused pain. Right sacroiliac joint test was positive. 1. Lumbar strain/sprain 2. Lumbar radiculopathy. Patient had been prescribed 8 chiropractic visits but has been unable to attend them. There is documentation that the physical therapist has told the patient that there was nothing more can be done for her. A supplemental AME report dated 04/19/2011 affirms that the patient had reached the point of maximum medical improvement and was permanent and stationary. Future medical care section states that the patient should be provided with occasional refills of anti-inflammatories or analgesics and should continue her home exercise program. No further physical therapy, chiropractic treatment, acupuncture, or other modality would be necessary or indicated. Narcotics are not indicated. In the review of records section, there is documentation of multiple lumbar MRIs and multiple lumbar x-rays. Previous EMG nerve conduction studies revealed only mild compression or dysfunction of the left median nerve.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Low Back regarding MRIs.

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

**Decision rationale:** The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. In addition, the patient has had multiple MRIs since her injury in 2004. There are no changes documented on the medical record indicating the need for a repeat MRI at this time.

**X-ray of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed., Low Back Disorders Chapter (Update to Chapter 12).

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

**Decision rationale:** The MTUS states that radiographs of the lumbar spine are indicated when red flags are present indicating fracture, cancer, or infection. The medical record documents no red flags indicating that the lumbar x-ray is necessary. In addition, the patient has had numerous x-rays over the years which have changed very little.

**Physiotherapy eight (8) sessions (two (2) times four (4)):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Authorization of additional physical therapy requires documentation of functional improvement. The patient has not had functional improvement, and she was discharged by the physical therapist because she had reached the point of maximum medical improvement and nothing more could be done. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone far greater than 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS.

**Electromyography (EMG) of the right lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed., Update to Chapter 12, Low Back Disorders.

**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 & Thoracic (Acute & Chronic), EMGs (electromyography).

**Decision rationale:** According to the Official Disability Guidelines, EMGs are recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The patient has had previous electrodiagnostic studies which have been negative. There is no current indication for repeat EMG of the right lower extremity.

**Nerve Conduction Velocity (NCV) of the right lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed., Update to Chapter 12, Low Back Disorders.

**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 & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy.

**Physical Therapy eight (8) sessions (two (2) times four (4)): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Authorization of additional physical therapy requires documentation of functional improvement. The patient has not had functional improvement, and she was discharged by the physical therapist because she had reached the point of maximum medical improvement and nothing more could be done. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone far greater than 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS.