

Case Number:	CM14-0086196		
Date Assigned:	09/10/2014	Date of Injury:	06/03/2010
Decision Date:	10/06/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/29/2014

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, has a subspecialty in Interventional spine 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 45-year-old female with a date of injury of 06/03/2010. The listed diagnosis per [REDACTED] is herniated lumbar disk with radiculitis/radiculopathy right greater than left. According to initial orthopedic comprehensive report 04/25/2014, the patient presents with constant low back pain with stiffness in the mornings. She rates her pain a 7/10. The pain radiates down to the right leg and aggravates when coughing or sneezing. The patient is currently working full time but with pain. Examination of the lumbar spine revealed decreased lordosis and range of motion on all planes. Straight leg raise was positive. "There is hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L5-S1 dermatome levels bilaterally." Treating physician is requesting an MRI of the lumbar spine, EMG of the bilateral lower extremities, NCV of the bilateral lower extremities, TENS unit, lumbar spine brace, and acupuncture treatment 2 times a week for 6 weeks. Utilization review denied the request on 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated

Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols) has the following: Recommended for indications below. MRI's are test of choice for patients with prior back surgery. Repeat MRI's are indicated only if there has been progression of neurologic deficit. (Bigos, 1999) (Mullin, 2000) (ACR, 2000) (AAN, 1994) (Aetna, 2004) (Airaksinen, 2006) Magnetic resonance imaging

Decision rationale: The treating physician is requesting an MRI of the lumbar spine to "established the presence of disk pathology." Treating physician states the patient was injured some time in 2010 where she received physical therapy and acupuncture and later underwent an MRI of the low back which revealed "abnormal" results. This MRI was not provided for my review. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." In this case, the patient had an MRI already. There is no new injury, red flags, progressive neurologic deficit or significant change in symptoms to warrant a new MRI. Therefore, this request is not medically necessary.

EMG of the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding Electrodiagnostic Studies: See also Nerve conduction studies (NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians.

Decision rationale: EMG of the bilateral lower extremity to establish presence of radiculitis/neuropathy. Review of the medical file does not indicate the patient had previous EMG. ACOEM Guidelines page 303 states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG Guidelines has the following regarding EMG studies, "EMGs (electromyography) 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." In this case, the patient has persistent pain down the legs and an

EMG study would appear reasonable for further investigation. Therefore this request is medically necessary.

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding NCV studies: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy.

Decision rationale: Review of the medical file does not indicate that the patient had prior NCV testing. The MTUS and ACOEM do not discuss NCS. However, ODG guidelines have the following regarding NCV studies: "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013)" In regard to NCV studies, ODG guidelines states, Nerve conduction studies (NCS) are not recommended for low back conditions. It further states, "In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS." A Nerve conduction study for further investigation is not necessary. Furthermore, EMG with H-reflex may be indicated for low back pain but not NCV studies. Therefore, this request is not medically necessary.

TENS Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TENS, Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS, chronic pain (transcutaneous electrical nerve stimulation)

Decision rationale: The treating physician is requesting a TENS unit for home use. The treating physician states "TENS unit should be used for 30 minutes, 3 times a day, for 60 days to help control pain and inflammation and increase circulation." Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific

diagnoses of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. In this case, the treating physician is requesting a TENS unit for 60 days, but does not document a successful home one-month trial. Therefore, this request is not medically necessary.

Lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 301; 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines has the following regarding lumbar supports: (http://www.odg-twc.com/odgtwc/low_back.htm#Lumbarsupports) Not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001)

Decision rationale: The treating physician is requesting an LSO lumbar brace for "support and relief purpose." The treating physician states it is important for the patient to be given the following DME to help facilitate rapid recovery for her industrial injury. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines regarding lumbar support states, "not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, "very low quality evidence, but may be a conservative option." In this case, the patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. Therefore, this request is not medically necessary.

Acupuncture treatments 2 times a week, qty 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain

Decision rationale: The treating physician is requesting acupuncture treatments twice a week for next 6 weeks to decrease pain and restore function. For acupuncture, MTUS page 8 recommends acupuncture for pain, suffering, and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. The treating physician has noted that the patient has participated in acupuncture in the past. There is no indication of when acupuncture treatments were received and the number of treatments completed. In this case, the treating physician does not provide a discussion of functional improvement with prior acupuncture treatment. MTUS allows for treatments to be extended only when functional improvement has been shown. Therefore, this request is not medically necessary.

