

Case Number:	CM14-0159251		
Date Assigned:	10/02/2014	Date of Injury:	09/04/2012
Decision Date:	09/29/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female, who sustained an industrial injury on 9-4-12. The diagnoses have included lumbago, low back pain, lumbar disc bulge and lumbar facet arthropathy. Treatment to date has included medications, diagnostics, physical therapy, acupuncture, and other modalities. As per the physician spine re-evaluation progress note dated 2-4-14, the injured worker complains of back pain and presents for follow up exam. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine that reveals disc bulge, bilateral neural foraminal narrowing with facet joint hypertrophy and bilateral exiting nerve root compromise. The objective findings-physical exam of the lumbar spine reveals tenderness to palpation over the paraspinal musculature. There is diminished sensation over the bilateral L5 dermatomes. The physician notes that she has failed conservative treatment and has neurological deficits and recommended lumbar laminectomy. The physician requested treatments included Flexion-Extension X-Rays of Lumbar Spine, electromyography (EMG)/nerve conduction velocity studies (NCV) of the lower extremities and back brace (purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexion/Extension X-Rays Of Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under Flexion/Extension Imaging Studies.

Decision rationale: Based on the 06/16/14 progress report provided by treating physician, the patient presents with pain to low back, bilateral foot and ankle, and right knee. The request is for flexion/extension x-rays of lumbar spine. Patient's diagnosis per Request for Authorization form dated 09/11/14 includes lumbar spine sprain strain, bilateral knee sprain strain and activity related weight gain. Treatment to date has included medications, diagnostics, physical therapy, acupuncture, and other modalities. The patient is temporarily partially disabled. ODG Guidelines, Low Back Chapter under Flexion/Extension Imaging Studies Section, recommends it for spinal instability, "may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery." MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), pg 303-305, Chapter 12 "Low Back Complaints" under Special Studies and Diagnostic and Treatment Considerations states: "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." Physical exam of the lumbar spine revealed spasm and tenderness to palpation over the paraspinal musculature. There is diminished sensation over the bilateral L5 dermatomes. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 10/19/13 reveals disc bulge, bilateral neural foraminal narrowing with facet joint hypertrophy and bilateral exiting nerve root compromise. Diagnosis has also included rule out herniated nucleus pulposus, and rule out radiculopathy. However, there is no mention of instability or spondylolisthesis in prior imaging studies provided, and progress reports do not discuss spondylolisthesis to warrant a set of flexion and extension lumbar X-rays. Therefore, the request IS NOT medically necessary.

EMG/NCV lower extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 260-262, 303.

Decision rationale: Based on the 06/16/14 progress report provided by treating physician, the patient presents with pain to low back, bilateral foot and ankle, and right knee. The request is for EMG/NCV lower extremities. Patient's diagnosis per Request for Authorization form dated 09/11/14 includes lumbar spine sprain strain, bilateral knee sprain strain and activity related weight gain. Treatment to date has included medications, diagnostics, physical therapy, acupuncture, and other modalities. The patient is temporarily partially disabled. For EMG, ACOEM Guidelines Chapter 12 page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG guidelines under foot/ankle chapter does not discuss electrodiagnostics. ACOEM Chapter 11, pages 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the

diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Physical exam of the lumbar spine revealed spasm and tenderness to palpation over the paraspinal musculature. There is diminished sensation over the bilateral L5 dermatomes. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 10/19/13 reveals disc bulge, bilateral neural foraminal narrowing with facet joint hypertrophy and bilateral exiting nerve root compromise. Diagnosis has also included rule out herniated nucleus pulposus, and rule out radiculopathy. The patient continues to have pain and medical records do not indicate that the patient had a prior EMG/NCV of the bilateral lower extremities. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Back brace (purchase): 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar & Thoracic Chapter) under Lumbar supports.

Decision rationale: Based on the 06/16/14 progress report provided by treating physician, the patient presents with pain to low back, bilateral foot and ankle, and right knee. The request is for back brace (purchase). Patient's diagnosis per Request for Authorization form dated 09/11/14 includes lumbar spine sprain strain, bilateral knee sprain strain and activity related weight gain. Diagnosis has also included rule out herniated nucleus pulposus, and rule out radiculopathy. Physical exam of the lumbar spine revealed spasm and tenderness to palpation over the paraspinal musculature. There is diminished sensation over the bilateral L5 dermatomes. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 10/19/13 reveals disc bulge, bilateral neural foraminal narrowing with facet joint hypertrophy and bilateral exiting nerve root compromise. Treatment to date has included medications, diagnostics, physical therapy, acupuncture, and other modalities. The patient is temporarily partially disabled. ACOEM Guidelines, Chapter 12 page 301, on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back (Lumbar & Thoracic Chapter) under Lumbar supports states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Treater has not provided medical rationale for the request. Guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. There is no documentation of recent back surgery, either. Furthermore, ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request IS NOT medically necessary.