

Case Number:	CM14-0175185		
Date Assigned:	10/28/2014	Date of Injury:	10/15/2012
Decision Date:	01/29/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/23/2014

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 Family Practice and is licensed to practice in New Jersey. 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 29 year-old female who was injured on 10/15/12 when she bent over and felt a sharp pain in her mid and lower back. On exam, she had a tender lumbar spine with decreased range of motion with normal reflexes, sensory, and motor strength of bilateral lower extremities. She had a 2013 MRI lumbar which showed mild degenerative changes at L4-5 and L5-S1 with disc bulge at L5-S1. She had electrodiagnostic testing in 2013 which showed evidence of chronic denervation in the muscles of both lower extremities asymmetrically which was felt to be suggestive of a pure motor neuropathy or neuronal degeneration of the spinal cord that was nonindustrial. She was diagnosed with thoracic and lumbar sprain, herniated nucleus pulposus at L5-S1 with mild degenerative disc disease, sacroiliac sprain and left foot contusion. As per the chart, medications did not relieve symptoms and she had no improvement after six physical therapy sessions. Acupuncture provided minimal improvement. The current request is for an MRI of lumbar spine, electrodiagnostic testing, acupuncture, and physical therapy sessions.

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

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, MRI.

Decision rationale: The request for a repeat MRI is medically unnecessary. The MTUS does not address repeat MRIs. According to ODG guidelines, repeat MRIs are not recommended unless there is significant change in symptoms and findings suggestive of significant pathology like tumors, infections, fractures, neurocompression, and recurrent disc herniation. There is no clear documentation of worsening symptoms or signs, progressing neurological deficits, and red flags. The patient has had lower back pain with radiculopathy to lower extremities which was felt to be due to nonindustrial causes. Exam findings did not reveal any neurological deficits. There has been no change. Because of these reasons, the request for a repeat lumbar MRI is medically unnecessary.

EMG/NCV of the bilateral lower extremities: 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): 303-304, 309.

Decision rationale: The request for an EMG/NCV of the lower extremities is not medically necessary. EMG/NCV is used to clarify nerve root dysfunction and is not indicated for obvious radiculopathy. Although in the chart mentions that she had lower back pain, there was no documented neurologic deficit on physical exam. The patient had normal sensation and strength of bilateral lower extremities. She had a previous EMG/NCV which showed chronic denervation of lower extremity muscles which was felt to be due to nonindustrial causes. There has been no change requiring a repeat EMG/NCV, therefore, the request is considered not medically necessary.

Physical therapy, twice a week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request is considered not medically necessary. The chart states that the patient had either six sessions without any improvement or 12 sessions. It is unclear how many sessions the patient actually received. No physical therapy notes were included in the chart. According to MTUS guidelines, 12 sessions would exceed the maximum limit of 10 sessions for myalgias. Therefore, without clear consistent documentation, the request is considered not medically necessary.

Acupuncture once a week for six weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per MTUS, an initial trial of 3-6 acupuncture sessions is appropriate. The patient had 8 sessions of acupuncture without any improvement in pain or function. If there was improvement, additional sessions may be appropriate. However, given there was no documented functional improvement, the request is considered not medically necessary.