MAXIMUS Federal Services

Case Number:	CM14-0188615		
Date Assigned:	11/19/2014	Date of Injury:	05/29/2014
Decision Date:	01/07/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/12/2014

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 Medicine, and is licensed to practice in New Jersey and New York. 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 was injured on 5/29/14. The patient pushed a bus door open, fell back and slid down the steps and twisted her ankle. She complained of low back pain radiating to right buttock, back of right thigh and calf. She also had numbness in the same distribution. She complained of right leg weakness. On exam she had normal range of motion of the lumbar spine, tenderness at lumbosacral junction. There was no evidence of radiating pain to the lower extremities. He had negative straight leg raise, normal sensation, motor strength, and reflexes. He was diagnosed with degenerative spondylolisthesis at L4-5 and L5-S1, lumbosacral strain with discogenic myofasical pain, and lumbar disc bulges. Her treatment included chiropractic sessions, acupuncture, physical therapy, home exercise program, lumbar support, and medications (Gabapentin). A lumbar x-ray showed L5-S1 spondylosis and no fracture. MRI of lumbar spine in 7/2014 showed grade I-II spondylosis at L5-S1 with disc bulge at L4-5, L5-S1, and a right sided ganglion cyst at L4-L5. The current request is for additional acupuncture, electrical stimulation, electrodiagnostic studies, and epidural steroid injections under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Medical Acupuncture, 8 Sessions, to the low back, per 10/29/2014 form QTY: 8:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for additional acupuncture is not medically necessary. By MTUS guidelines, the recommended number of sessions is 3-6 before assessing functional improvement. There has to be documented functional improvement to request more sessions. There is no reasoning documented for requesting 8 sessions and there was also no documentation of the patient's response to previous acupuncture treatment. Because of these reasons, the request is not medically necessary.

Electrical Stimulation, unspecified frequency, per 10/29/14 form QTY: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines electrotherapy Page(s): 114-116.

Decision rationale: The request for electrical stimulation is not medically necessary. As per MTUS, the criteria for use include failure of other pain modalities including medications. The patient had been using gabapentin but it was unclear if this helped his pain and other medication usage and effects were not documented. A one month trial should be documented with documentation of ongoing pain treatment. A treatment plan that includes short and long-term goals should be included, but was not found in the chart. Therefore, the request is considered not medically necessary.

NCV of the Right Lower Extremity, per 10/29/14 form QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, NCVs (Nerve Conduction Studies)

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, NCV

Decision rationale: NCV is not recommended to verify symptoms of radiculopathy as per ODG guidelines. It has been shown to "have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy". The patient has complaints of numbness and weakness but it is not corroborated by exam findings and imaging. The request for NCV is not medically necessary.

EMG of the Right Lower Extremity, per 10/29/14 form QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs (Electromography)

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) EMG, Low back

Decision rationale: EMG is useful to evaluate equivocal findings of radiculopathy or "identify subtle, focal neurologic dysfunction". The patient had complaints of weakness and numbness but these were not corroborated by exam and MRI findings. There was no clear diagnosis of radiculopathy. Therefore, an EMG would not be warranted and would not be considered medically necessary at this time. The request is considered not medically necessary.

Transforaminal Lumbar Epidural at Right L4-5 per 10/29/14 form QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for Use Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The request for epidural steroid injection at right L4-L5 Is not medically necessary. The MTUS guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there are no exam findings that show a right sided radiculopathy at L4, demonstrating deficits in motor strength, sensation, or reflexes. There is documentation of weakness with decreased sensation in the right lower extremity but no corroboration with the lumbar MRI findings and exam findings. Therefore, the request is not medically necessary.

Transforaminal Lumbar Epidural at Right L5-S1 per 10/29/14 form QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for Use Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The request for epidural steroid injection at right L5-S1 Is not medically necessary. The MTUS guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there are no exam findings that show a right-sided radiculopathy at L5, demonstrating deficits in motor strength, sensation, or reflexes. There is documentation of weakness with decreased sensation in the right lower extremity but no corroboration with the lumbar MRI findings and exam findings. Therefore, the request is not medically necessary.

Fluoroscopic Guidance per 10/29/14 form QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for Use Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: The request for fluoroscopic guidance is not medically necessary as the requests for epidural steroid injections are not medically necessary. ESI should be performed using fluoroscopy for guidance as per MTUS guidelines.