

Case Number:	CM14-0189562		
Date Assigned:	11/20/2014	Date of Injury:	04/09/2010
Decision Date:	01/08/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/13/2014

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:

The patient is a 55 year-old female with a date of injury of 04/09/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/29/2014, lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. MRI of the lumbar spine on 07/12/2012 was notable for grade-I L4-L5 anterolisthesis without spondylosis, degenerative spondylosis with moderate canal stenosis at L4-L5, and neural foraminal narrowing L4-L5 and L5-S1. An EMG/NCS study of the bilateral lower extremities dated 10/23/2013 was without electro diagnostic evidence for a peripheral polyneuropathy. Electromyography of the bilateral lower extremities and lumbar paraspinal muscles revealed mild active denervation potentials in the bilateral L5-S1 myotomes consistent with an active bilateral lumbosacral radiculopathy in the corresponding nerve roots. Objective findings: Examination of the lumbar spine revealed decreased range of motion with pain at the extremes of range. Minimal tenderness to palpation was noted at the, right greater than left, mid to distal lumbar segments. Increased pain with straight leg raise at 45 degrees on the right with L5-S1 dermatomal distribution of dysesthesia. Diagnosis includes lumbar degenerative disc disease; lumbar radiculitis; right ankle strain/sprain; insomnia; anxiety and depression; obesity; and lumbar facet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: 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), Nerve conduction studies (NCS)

Decision rationale: According to the Official Disability Guidelines, electromyography's (EMGs) are recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The Official Disability Guidelines states that 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. Therefore, the request for EMG/NCV of the bilateral lower extremities is not medically necessary.

Pool therapy program twice per week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 58.

Decision rationale: The MTUS guidelines states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy; but as with therapeutic physical therapy for the low back, it is authorized as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. The request for 8 visits is greater than the number required to provide evidence of functional improvement. Therefore, the requested pool therapy program twice per week for four weeks is not medically necessary.

Chiropractic treatment twice per week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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

Decision rationale: The request is for 8 visits of chiropractic. The MTUS Chronic Pain Medical Treatment Guidelines allow for an initial trial of 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 8 chiropractic visits is more than what is medically necessary to establish whether the treatment is

effective. Therefore, the requested chiropractic treatment twice per week for four weeks is not medically necessary.