

Case Number:	CM14-0194878		
Date Assigned:	12/02/2014	Date of Injury:	02/23/2010
Decision Date:	01/14/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/20/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 65-year-old male who reported an injury on 02/23/2010. The mechanism of injury was noted as lower back injury due to pulling a block from between plane wheels. His diagnoses were noted to include status L4-5 discectomy, sciatica, left intermittent, chronic, weakness toe extensors. Past treatments were noted to include physical therapy from 05/2013 to 02/2014, home exercise program, injections, and medications. Diagnostic studies were noted to include an MRI of the lumbar spine on 09/05/2013 which noted to reveal laminectomies of the left side at L4-5 and L5-S1 with no noted significant compression or stenosis. An EMG/NCV on 04/21/2014 revealed evidence of mild acute L5 and S1 radiculopathy on the left. The injured worker's surgical history was noted to include a microdiscectomy on 01/02/2013. On 07/08/2014, documentation noted the injured worker complained of pain and weakness to left lower limb. The documentation noted since having surgery the injured worker had great improvement in lower back pain but not his lower left extremity with pain or weakness. The injured worker reported difficulty walking up or down stairs and also complained of numbness described as tingling in the left great toe, medial foot and distal posterior calf region. The documentation noted that the injured worker had taken Norco in the past and had taken gabapentin which he reported significantly helped him but he ran out. The documentation also noted the injured worker reported darkness and discoloration of his left great toenail with some swelling. He rated his pain at 2/10 to 7/10 constant tingling with radiation to posterior calf into left great toe. Physical exam findings noted range of motion limited in flexion and extension with a negative straight leg raise bilaterally. There was diminished sensation to the left in the L5 dermatome over the great toe and medial foot. Muscle strength to the left was noted 4- in plantarflexion, dorsiflexion and knee flexion and extension. On 10/20/2014, documentation noted the injured worker complained of swelling and pain in his left foot. Pain was rated 7/10.

The injured worker described this pain as dull, aching, popping sensation that radiates down into the left foot. Physical exam findings noted palpable tenderness over the midline spinous process. Lumbar range of motion was noted flexion 80 degrees, extension 20 degrees, left lateral flexion 20 degrees, right lateral flexion 20 degrees, left rotation 30 degrees, and right rotation 30 degrees with positive straight leg raise to the left at 80 degrees. Heel or toe walk was negative bilaterally. Neurological examination of lower extremities noted a negative Babinski's sign. There was noted decreased sensation over the left L4 and L5 dermatome distribution. Relevant medications were noted to include Lyrica, Medrol Dosepak and Naprosyn. The treatment plan was based on the injured worker's subjective complaints corroborated by multiple abnormal physical findings the provider prescribed a course of reasonable and medically appropriate treatment in effort to cure or relieve effects of the industrial injury and promote functional restoration in accordance with ACOEM. The provider was requesting diagnostic testing such as an EMG/NCV and physical therapy of the lumbar spine to determine the most effective treatment methods to target functional restoration. The Request for Authorization dated 11/12/2014 was included in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV to the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Nerve conduction studies (NCS)

Decision rationale: The request for an EMG/NCV to the lower extremities is not medically necessary. The California MTUS Guidelines recommend for the detection of physiologic abnormalities, if no improvement after 1 month consider needle EMG and H-reflex test to clarify nerve root dysfunction. The guidelines do not recommend an EMG for clinically obvious radiculopathy. The Official Disability Guidelines do not recommend nerve conduction studies for low back conditions as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The guidelines indicate that the nerve conduction studies are not recommended and have low sensitivity when combined with EMGs. NCVs are generally performed when there is evidence of peripheral neuropathy. In the documentation submitted for review, there was evidence to suggest peripheral neuropathy to warrant a nerve conduction velocity test; however, the guidelines do not recommend nerve conduction studies for low back conditions. As such, the request is not medically necessary.

Physical therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for physical therapy 3 times a week for 4 weeks is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercises and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia, neuritis and radiculitis 8 to 10 visits over 4 weeks of physical therapy are recommended. There was lack of documentation submitted for review noting the injured worker was performing a home exercise program. The rationale for physical therapy was not provided within the documentation submitted for review. However, the documentation did show the injured worker had current functional deficits such as decrease in range of motion and decreased motor strength to the left side. In addition, the submitted request does not specify a site of treatment. Therefore the request for Physical therapy 3 times a week for 4 weeks is not indicated at this time. As such, the request is not medically necessary.