

Case Number:	CM14-0048898		
Date Assigned:	06/25/2014	Date of Injury:	12/26/2013
Decision Date:	01/27/2015	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/27/2014

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 Rehab, has a subspecialty in Interventional spine 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 45-year-old male with date of injury of 12/26/2013. The listed diagnoses from 01/29/2014 are: 1. Sciatica, right lower extremity, probable piriformis syndrome 2. Rule out lumbar disc extrusion with right L5 nerve encroachment 3. Lumbar sprain/strain 4. Insomnia due to severe sciatica 5. Emotional distress due to severe pain According to this report, the patient complains of constant frequent burning lumbar spine pain at a rate of 9/10. This pain increases with walking, sitting, and stress. The patient reports radiation of pain to his right buttocks, right posterior leg to the right foot and toes with numbness. He also complains of constant right leg pain at a rate of 9-10/10 with numbness and burning sensation. The patient also reports weakness in the right leg. He ambulates with the use of a cane. Examination of the lumbar spine revealed a flat back (spasm). The patient's movement are slow and guarded. There was a Grade 2 tenderness to palpation and spasm over the paralumbar musculature. Grade 3 tenderness to palpation was noted over the L5 spinous process and right sciatic notch. Straight leg raise was positive with radiation of pain to the right foot and calf area. Braggard's test is positive on the right. DTRs were 2+ bilaterally. The patient was able to walk on his toes and heels although weakness was noted on the right. Sensory testing revealed sensory changes over the L5 dermatome on the right lower extremity. Treatment reports from 12/30/2013 to 03/05/2014 were provided for review. The Utilization review denied the request on 02/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 for the lumbar spine: Overturned

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 physical medicine Page(s): 98-99.

Decision rationale: This patient presents with lumbar spine and right leg pain. The treater is requesting PHYSICAL THERAPY 2X4 FOR THE LUMBAR SPINE. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. Records do not show any prior physical therapy reports to verify how many treatments the patient has received and with what results. The utilization review denied the request stating that it was necessary to rule out significant disc herniation before attempting to place the patient through physical therapy. In this case, it does not appear that the patient has received physical therapy and trial is supported by MTUS guidelines. The request IS medically necessary.

EMG of the bilateral lower extremities: Overturned

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Electrodiagnostic Studies

Decision rationale: This patient presents with lumbar spine and right leg pain. The treater is requesting an EMG OF THE BILATERAL LOWER EXTREMITIES. The ACOEM Guidelines page 303 states that electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury. The records do not show any previous EMG of the bilateral lower extremities. The 01/29/2014 report notes that the patient complains of radiating pain from his lower back to his right buttocks, right posterior leg to the right foot and toes with numbness. He also reports numbness and burning sensation in the right leg. The examination shows a positive straight leg raise. Sensory changes were noted over the L5 dermatome of the right lower extremity knee. Given the patient's abnormal sensory examination, the request is appropriate to rule out neuropathy. The request IS medically necessary.

NCV of the bilateral lower extremities: Overturned

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter on EMG and NCV

Decision rationale: This patient presents with lumbar spine and right leg pain. The treater is requesting an NCV OF THE BILATERAL LOWER EXTREMITIES. The ACOEM Guidelines page 303 states that electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury. The records do not show any previous NCV of the bilateral lower extremities. The 01/29/2014 report notes that the patient complains of radiating pain from his lower back to his right buttocks, right posterior leg to the right foot and toes with numbness. He also reports numbness and burning sensation in the right leg. The examination shows a positive straight leg raise. Sensory changes were noted over the L5 dermatome of the right lower extremity knee. Given the patient's abnormal sensory examination, the request is appropriate to rule out neuropathy. The request IS medically necessary.