

Case Number:	CM15-0100847		
Date Assigned:	06/03/2015	Date of Injury:	06/19/2014
Decision Date:	07/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Internal Medicine

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 47 year old female, who sustained an industrial injury on 6/19/14. The injured worker has complaints of low back pain. The documentation noted that her lumbar flexion is less than 30 degrees, extension is less than 10 degrees and lateral tilting is less than 10 degrees and she has positive facet loading. The diagnoses have included discogenic lumbar condition with facet inflammation without radiculopathy of significance documented by magnetic resonance imaging (MRI) namely facet wear and due to chronic pain syndrome she has element of depression, sleep disorder, sexual dysfunction, weight loss and concentration issues. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine on 2/3/15 showed artifact from few fusion hardware causing distortion is present lower thoracic spine extending down to the level of L1, I the lumbar spine, mild multilevel degenerative disc disease is present with small disc bulges and no spinal canal or neural foramina stenosis present; lumbar spine X-rays on 2/25/15 showed thoracolumbar surgical changes and scoliosis, no evidence to instability and early multilevel degenerative disc disease; aqua therapy; back brace; transcutaneous electrical nerve stimulation unit; tramadol; neurontin; cyclobenzaprine; pantoprazole and lidopro cream. The request was for electromyography bilateral lower left extremity; nerve conduction study bilateral lower right extremity; electromyography bilateral lower right extremity; nerve conduction study bilateral lower left extremity; aqua therapy quantity 12 and flexeril 7.5mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral lower left extremity Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: MTUS states that Electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks , and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMGs are not necessary if radiculopathy is already clinically obvious. Documentation indicates that the injured worker complains of chronic low back pain and is diagnosed with discogenic lumbar condition and facet inflammation without radiculopathy. Physician reports fail to demonstrate objective finding of radiculopathy on physical examination and the injured worker is stated to be neurologically intact. The medical necessity for EMG testing has not been established. The request for EMG left lower extremity Qty 1 is not medically necessary by MTUS.

NCS bilateral lower right extremity Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Nerve conduction studies (NCS).

Decision rationale: ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Furthermore, guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker complains of chronic low back with no objective finding of radiculopathy on physical examination. The request for NCS right lower extremity Qty 1 is not medically necessary per guidelines.

Aqua Therapy Qty 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Exercise Page(s): 22, 46.

Decision rationale: MTUS recommends aquatic therapy (including swimming) as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, for example extreme obesity, being that it can minimize the effects of gravity. Per guidelines, the treatment should be monitored and administered by medical professionals. Physician reports show that the injured worker reports some improvement following an initial course of aqua therapy for complains of chronic low back pain, with 8 sessions to date and additional 4 sessions remaining in the approved treatment course. Documentation however lacks reports describing specific functional improvement to support the medical necessity for 12 additional sessions of aqua therapy. The request for Aqua Therapy Qty 12 is not medically necessary per guidelines.

Flexeril 7.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of cyclobenzaprine. The request for Cyclobenzaprine is not medically necessary per MTUS guidelines. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of Flexeril. The request for Flexeril 7.5 mg Qty 60 is not medically necessary per MTUS guidelines.

EMG bilateral lower right extremity Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: MTUS states that Electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks, and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMGs are not necessary if radiculopathy is already clinically obvious.

Documentation indicates that the injured worker complains of chronic low back pain and is diagnosed with discogenic lumbar condition and facet inflammation without radiculopathy. Physician reports fail to demonstrate objective finding of radiculopathy on physical examination and the injured worker is stated to be neurologically intact. The medical necessity for EMG testing has not been established. The request for EMG right lower extremity Qty 1 is not medically necessary by MTUS.

NCS bilateral lower left extremity Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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Decision rationale: ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Furthermore, guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker complains of chronic low back with no objective finding of radiculopathy on physical examination. The request for NCS left lower extremity Qty 1 is not medically necessary per guidelines.