

Case Number:	CM15-0101646		
Date Assigned:	06/04/2015	Date of Injury:	09/24/2012
Decision Date:	07/02/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/27/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 59-year-old man sustained an industrial injury on 9/24/2012 while pulling a hose and cleaning stalls. Evaluations include a lumbar spine MRI dated 9/24/2012, undated lumbar spine x-rays, lumbar spine CT scan dated 11/14/2013, and an undated CT myelogram. Diagnoses include lumbar disc disease, chronic lumbosacral discogenic pain, and hypertonic facet disease. The worker sought treatment in the emergency department the same day. Treatment has included oral medications. Physician notes dated 4/6/2015 show complaints of low back pain with radiation to the bilateral lower extremities. Recommendations include facet block injections, weight reduction program, electromyogram of the bilateral lower extremities, inversion table, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion Table: 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): 300.

Decision rationale: According to the CA MTUS, traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. In this case, therapeutic modalities better proven to be effective are likely a better option. Therefore, based on the guidelines, the request for inversion table is not considered medically necessary as other better-proven modalities are likely more appropriate.

EMG of Bilateral Lower Extremities: 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): 303.

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. In this case, the physical exam findings were determined by utilization review to be clear with respect to radiculopathy, and this appears to be reasonable based on the provided records. It appears that neurosurgery has recommended facet blocks, which would provide both diagnostic and therapeutic value in this case. Therefore, per the guidelines, the request for EMG/NCV is not considered medically necessary because the findings are clear with respect to the diagnosis.