

Case Number:	CM15-0102078		
Date Assigned:	06/04/2015	Date of Injury:	09/17/2013
Decision Date:	07/08/2015	UR Denial Date:	05/14/2015
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: Pennsylvania
 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 30 year old female who sustained an industrial injury on 09/17/2013. The accident was described as while working with children she bent down to pick up a child weighing 25-30 pounds and felt acute onset of sharp, severe pain in the low back. Diagnoses include lumbar spine strain/sprain, and left lower extremity radiculopathy secondary to disc herniation. A progress report dated 04/28/2015 notes the injured worker has complaint of constant throbbing and occasionally sharp pain in the lumbar spine radiating to the left lower extremity, with numbness and tingling, and weakness in the left lower extremity. She also reports stress, anxiety, elevated tension, and intermittent depression. Objective findings showed the patient limping or favoring the left lower extremity. There is facial grimacing, and tenderness along the thoracic and lumbar paravertebral muscles, spinous process and sacroiliac joints. There is paravertebral muscle guarding and decreased sensation along the left L4-L5. A straight leg raising test is positive on the left. It was noted that the injured worker had never had any prior chiropractic treatment. Work status was noted as return to modified work duty on 04/29/2015 with restrictions. The plan of care includes psychiatric consultation for stress, anxiety, depression and sleep disorder, internal medicine consultation for medical causes of anxiety, transcutaneous electrical nerve stimulation (TENS) unit, lumbosacral orthosis, chiropractic treatment to the lumbar spine, and electromyogram (EMG) and nerve conduction study (NCV) of the lumbar spine and bilateral lower extremities. On 5/14/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3 x 4: Upheld

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

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

Decision rationale: This injured worker has chronic back pain. The documentation indicates that this is an initial request for chiropractic treatment of the lumbar spine. Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. Per the MTUS, chiropractic manipulation is not recommended for the "Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, Knee." The number of sessions requested (12) is in excess of the guideline recommendations for an initial 6 visit trial. As such, the request for Chiropractic treatment 3 x 4 is not medically necessary.

EMG/NCV 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): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: EMGs (electromyography), nerve conduction studies.

Decision rationale: This injured worker has low back pain, with diagnoses of lumbar sprain strain and left lower extremity radiculopathy secondary to disc herniation; however, no imaging studies were submitted or discussed. The ACOEM 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. The ODG states that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but that EMGs are not necessary if radiculopathy is already clinically obvious. In this case, there was no documentation of any prior conservative therapy. The ODG states that nerve conduction studies are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There are no reports from the prescribing physician which adequately describe neurologic findings that necessitate electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Decreased sensation at left L4-5 dermatome was noted, without documentation of any other specific neurological deficits. Medical necessity for

electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. Due to lack of documentation of sufficient clinical findings to warrant EMG testing, lack of documentation of prior conservative treatment, and guideline recommendations against the use of NCV in this setting, the request for EMG/NCV bilateral lower extremities is not medically necessary.

EMG/NCV lumbar spine: 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): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: EMGs (electromyography), nerve conduction studies.

Decision rationale: This injured worker has low back pain, with diagnoses of lumbar sprain strain and left lower extremity radiculopathy secondary to disc herniation; however, no imaging studies were submitted or discussed. The ACOEM 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. The ODG states that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but that EMGs are not necessary if radiculopathy is already clinically obvious. In this case, there was no documentation of any prior conservative therapy. The ODG states that nerve conduction studies are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There are no reports from the prescribing physician which adequately describe neurologic findings that necessitate electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Decreased sensation at left L4-5 dermatome was noted, without documentation of any other specific neurological deficits. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. Due to lack of documentation of sufficient clinical findings to warrant EMG testing, lack of documentation of prior conservative treatment, and guideline recommendations against the use of NCV in this setting, the request for EMG/NCV of the lumbar spine is not medically necessary.

TENS-EMS neuromuscular one month trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 1140121.

Decision rationale: Electrotherapy represents the therapeutic use of electricity and is a modality that can be used in the treatment of chronic pain. Transcutaneous electrical nerve stimulation (TENS) devices are the most commonly used; other devices are distinguished from TENS based on their electrical specifications. The MTUS specifies that TENS is not recommended as a primary modality but a one-month home based TENS trial may be considered if used as an adjunct to a program of evidence “based functional restoration for certain conditions, including neuropathic pain, complex regional pain syndrome, phantom limb pain, spasticity in spinal cord injury, multiple sclerosis, and acute post-operative pain.” None of these conditions were noted to be present for this injured worker. This injured worker has low back pain with lumbar sprain/strain and diagnosis of left lower extremity radiculopathy. A treatment plan with the specific short and long term goals of treatment with the TENS unit should be submitted. The physician reports do not address the specific medical necessity for a TENS unit. The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS. Given the lack of clear indications in this injured worker, and the lack of any clinical trial or treatment plan per the MTUS, a TENS unit is not medically necessary.

LSO Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): ch 1 p. 9, ch 12 p. 308.

Decision rationale: This injured worker has low back pain, with diagnoses of lumbar sprain/strain and left lower extremity radiculopathy. The ACOEM Guidelines do not recommend lumbar binders, corsets, or support belts as treatment for low back pain, see page 308. On Page 9 of the Guidelines, it is stated that, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." Due to lack of recommendation by the guidelines, the request for lumbosacral orthosis (LSO) brace is not medically necessary.

Internal assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: office visits.

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. This injured worker was noted to report stress, anxiety, elevated tension, and intermittent depression. In this case, the documentation indicates that this is a request for internal medicine consultation for medical causes of anxiety. A psychiatric consultation for stress, anxiety, depression and sleep disorder was also requested. The psychiatric consultation has not yet been completed, and as such there was no recommendation by a psychiatrist for a medical evaluation for anxiety. The treating physician's specialty was noted as physical medicine and rehabilitation (PMR). There is no documentation of intent for evaluation or treatment that is outside of the scope of routine treatment provided by the primary treating physician, as a medical evaluation for anxiety is not beyond the scope of treatment that may be provided by a PMR provider. As such, the request for internal medicine assessment is not medically necessary.