

Case Number:	CM15-0106392		
Date Assigned:	06/11/2015	Date of Injury:	10/11/2013
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female who sustained an industrial injury on 10/11/13. The injured worker was diagnosed as having low back pain and right lower extremity sciatica. Currently, the injured worker was with complaints of low back pain with radiation to the right lower extremity. Previous treatments included medication management and use of a brace. Previous diagnostic studies included a magnetic resonance imaging revealing grade I anterolisthesis with facet arthropathy at the L4-5 level. Physical examination was notable for diminished sensation over the right anterior thigh. The plan of care was for diagnostic testing and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV lower extremities: Upheld

Claims Administrator 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 -lumbar and thoracic (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Nerve conduction studies (NCS).

Decision rationale: Based on the 05/16/15 progress report provided by treating physician, the patient presents with low back pain that radiates into right leg with numbness to her foot. Per 06/02/15 report, the patient has pain to the right knee. The request is for NCV lower extremities. RFA for the request not provided. Patient's diagnosis on 06/02/15 included low back disc herniation, and internal derangement right knee/medical meniscal tear. Physical examination to the lumbar spine on 06/02/15 revealed spasm and tenderness to palpation to decreased range of motion. Examination of the right knee revealed tenderness, decreased range of motion and positive McMurray. Treatment to date has included imaging and electrodiagnostic studies, bracing, physical therapy, and medications. Patient's medications include Motrin and Ultram, per 04/18/15 report. The patient is temporarily totally disabled, per 05/16/15 work status report. Treatment reports were provided from 11/14/14 - 05/16/15. MTUS and ACOEM Guidelines do not discuss NCV. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." The patient continues with low back pain with radiating symptoms and right knee pain. Given patient's symptoms and diagnosis, electrodiagnostic study would appear to be indicated. However, medical records indicate the patient had EMG/NCV study done on 12/16/14. In this case, treater has not provided medical rationale for requesting a repeat study. There is no new injury, no new neurologic findings or progression of the clinical presentation to warrant updated electrodiagnostic studies. In addition, guidelines do not support NCV studies to address radiating leg symptoms when these are presumed to be coming from the spine. Therefore, the request for NCV of the lower extremities is not medically necessary.

DNA testing for medication sensitivity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, genetic testing for potential opioid abuse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Genetic Testing for potential opiate abuse Pain (Chronic) Chapter, Cytokine DNA testing.

Decision rationale: Based on the 05/16/15 progress report provided by treating physician, the patient presents with low back pain that radiates into right leg with numbness to her foot. Per 06/02/15 report, the patient has pain to the right knee. The request is for DNA Testing for Medication Sensitivity. RFA for the request not provided. Patient's diagnosis on 06/02/15 included low back disc herniation, and internal derangement right knee/medical meniscal tear. Physical examination to the lumbar spine on 06/02/15 revealed spasm and tenderness to

palpation to decreased range of motion. Examination of the right knee revealed tenderness, decreased range of motion and positive McMurray. Treatment to date has included imaging and electrodiagnostic studies, bracing, physical therapy, and medications. Patient's medications include Motrin and Ultram, per 04/18/15 report. The patient is temporarily totally disabled, per 05/16/15 work status report. Treatment reports were provided from 11/14/14 - 05/16/15. MTUS and ACOEM guidelines do not discuss genetic testing. ODG Guidelines under its Pain Chapter has the following regarding Genetic Testing for potential opiate abuse, "not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent with inadequate statistics and largely phenotype range..." ODG Guidelines under its Pain (Chronic) Chapter under Cytokine DNA testing states: "Not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving..." Per 05/19/15 report under treatment plan, treater requests DNA testing for medication sensitivity. The patient has been prescribed opiates at least since 04/18/15 report, as Ultram is included in patient's prescriptions. However, genetic testing is still under investigation and is not supported by guidelines as a routine diagnostic tool for any condition. Therefore, this request is not medically necessary.

Physical therapy 3 times a week for 6 weeks to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), physical therapy guidelines.

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

Decision rationale: Based on the 05/16/15 progress report provided by treating physician, the patient presents with low back pain that radiates into right leg with numbness to her foot. Per 06/02/15 report, the patient has pain to the right knee. The request is for Physical Therapy 3 times a week for 6 weeks to the Right Knee. RFA for the request not provided. Patient's diagnosis on 06/02/15 included low back disc herniation, and internal derangement right knee/medical meniscal tear. Physical examination to the lumbar spine on 06/02/15 revealed spasm and tenderness to palpation to decreased range of motion. Examination of the right knee revealed tenderness, decreased range of motion and positive McMurray. Treatment to date has included imaging and electrodiagnostic studies, bracing, physical therapy, and medications. Patient's medications include Motrin and Ultram, per 04/18/15 report. The patient is temporarily totally disabled, per 05/16/15 work status report. Treatment reports were provided from 11/14/14 - 05/16/15. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per 05/16/15 work status report, treater states "continue PT." Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, treater has not provided a precise treatment history, nor documented

efficacy of prior therapy. Furthermore, the request for 18 sessions exceeds what is allowed by MTUS for the patient's condition. In addition, treater is requesting "scope right knee ASAP," per 05/19/15 report. If treater's intent for this request was for post-operative PT for the knee, it would still not be indicated, as there is no indication the procedure was authorized. Therefore, the request is not medically necessary.