

Case Number:	CM15-0131220		
Date Assigned:	07/17/2015	Date of Injury:	09/01/2005
Decision Date:	08/17/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/07/2015

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: 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:

The injured worker was a 64 year old male, who sustained an industrial injury, September 1, 2005. The injured worker previously received the following treatments Aleve, Hydrocodone, home exercise program and orthopedic surgery 2010 lower back surgery. The injured worker was diagnosed with intervertebral disc disorder lumbosacral with displacement, reconstruction of L5-S1, degenerative disc disease with adjacent segment breakdown at L2-L3 (with associated spondylolisthesis 2mm) and L3-L4 (with associated retrolisthesis of 3mm and vacuum disc phenomenon) significant worsening of lower back pain with left lower extremity radicular symptoms. According to progress note of June 10, 2015, the injured worker's chief complaint was low back and left leg pain. There was intermittent dysesthesias, pins and needles sensation in the left thigh. The injured worker was having difficulty with sitting, standing and ambulating for prolonged periods of time and interrupted sleep cycles. The injured worker was experiencing worsening low back pain and left lower extremity radicular symptoms over the past several months without additional history of injury or trauma. The physical exam noted tenderness with palpation of the lower back. There was 1-2 plus edema to the lower extremities. All motor groups were 5 out of 5 motor strength. The sensory exam noted deficits in the stocking glove distribution in the bilateral feet and lower legs. There was a slight decreased of the left posterolateral thigh and calf. The straight leg and Lasegue's sign were positive on the left and negative on the right. The injured worker walked with an antalgic gait, difficulty with standing erect, cannot balance and walk on toes and heels. The treatment plan included physical therapy

of the lumbar spine, myelogram followed by CT scan of the lumbar spine and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (lumbar) 3X4 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patient is experiencing a worsening of his underlying symptoms without a new history of injury or trauma. He is currently working full time. I am reversing the previous utilization review decision. Physical Therapy (lumbar) 3X4 weeks is medically necessary.

Myelogram followed by CT scan of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary Online Version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). According to the record, the patient has had new onset of radiculopathy in the upper thigh of the left lower extremity over the last several months which corresponds to the level of adjacent level disease. This complaint should be evaluated and because of the patient's history of lumbar surgery, a myelogram/CT is an appropriate test. Myelogram followed by CT scan of the lumbar spine is medically necessary.

EMG/NCS of the bilateral 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 - TWC Low Back Procedure Summary Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: According to the Official Disability Guidelines, nerve conduction 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. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The first reviewer modified the original request to exclude the NCS of bilateral lower extremities. EMG/NCS of the bilateral lower extremities is not medically necessary.