

Case Number:	CM15-0138167		
Date Assigned:	07/28/2015	Date of Injury:	06/05/2014
Decision Date:	08/31/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/16/2015

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, Indiana, 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 35 year old male, who sustained an industrial injury on June 5, 2014, incurring low back injuries after repetitive lifting of heavy boxes. She was diagnosed with a lumbar strain with radiculitis. Treatment included physical therapy, pain medications, cold and heat therapy, muscle relaxants, back support and work restrictions. Currently, the injured worker complained of persistent low back pain radiating into the right leg with restricted range of motion. She rated her pain a 5 on a pain scale from 1 to 10. She noted right shoulder, right elbow pain and pain and numbness in the right wrist. The treatment plan that was requested for authorization included physical therapy for the lumbar spine, a transcutaneous electrical stimulation unit for home use to the lower back and Electromyography and Nerve Conduction Velocity studies of the bilateral lower extremities and lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for three weeks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM chapter 6 pain, suffering, and the restoration of function page 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is lumbar strain; rule out right-sided radiculopathy. The date of injury is June 5, 2014. Request for authorization is June 26, 2015. According to a June 1, 2015 progress note, subjectively the injured worker has complaints of low back pain that radiates to the right leg and down to the right ankle. There is no numbness. The injured worker had a course of treatment, but has not had any diagnostic studies or injections. Objectively, there is tenderness in the midline and lower lumbar area (L4 - L5) without tenderness at the sciatic outlet. Range of motion is decreased. There is no motor weakness or sensory deficits documented in the medical record. The documentation indicates the injured worker received 26 sessions of physical therapy for the low back. There is no documentation demonstrating objective functional improvement with prior physical therapy. There are no compelling clinical facts indicating additional physical therapy is warranted. After 26 sessions of physical therapy, the injured worker should be well versed in exercises performed during physical therapy to engage in a home exercise program. Consequently, absent clinical documentation demonstrating objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times three weeks to the lumbar spine is not medically necessary.

TENS unit for home use, lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the visit to Dr. Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit home use, low back is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnosis is lumbar strain, rule out right-sided radiculopathy. The date of injury is June 5, 2014. Request for authorization is June 26, 2015. According to a June 1, 2015 progress note, subjectively the injured worker has complaints of low back pain that radiates to the right leg and down to the right ankle. There is no numbness.

The injured worker had a course of treatment, but has not had any diagnostic studies or injections. Objectively, there is tenderness in the midline and lower lumbar area (L4 - L5) without tenderness at the sciatic outlet. Range of motion is decreased. There is no motor weakness or sensory deficits documented in the medical record. The documentation indicates the injured worker received 26 sessions of physical therapy for the low back. There is no documentation of a TENS trial in the medical record. There are no specific short or long-term goals for TENS documented in the medical record. Consequently, absent clinical documentation of a TENS trial and specific long and short-term goals for TENS, TENS unit home use, low back is not medically necessary.

EMG/NCS of the bilateral lower extremities, lower back: 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 chapter.

MAXIMUS 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 section, EMG/NCV.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, bilateral lower extremity, Lower back EMG/NCS studies are not medically necessary. 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. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnosis is lumbar strain; rule out right-sided radiculopathy. The date of injury is June 5, 2014. Request for authorization is June 26, 2015. According to a June 1, 2015 progress note, subjectively the injured worker has complaints of low back pain that radiates to the right leg and down to the right ankle. There is no numbness. The injured worker had a course of treatment, but has not had any diagnostic studies or injections. Objectively, there is tenderness in the midline and lower lumbar area (L4 - L5) without tenderness at the sciatic outlet. Range of motion is decreased. There is no motor weakness or sensory deficits documented in the medical record. The documentation indicates the injured worker received 26 sessions of physical therapy for the low back. The treating provider requested bilateral lower extremity EMG/NCV. There are no subjective complaints or objective clinical findings in or about the left lower extremity. As a result, there was no clinical indication for an EMG/NCV of the left lower extremity. Consequently, absent clinical documentation with neurologic symptoms and or signs involving the left lower extremity and objective findings of radiculopathy, bilateral lower extremity, lower back EMG/NCS studies are not medically necessary.

