

Case Number:	CM15-0164426		
Date Assigned:	09/01/2015	Date of Injury:	05/09/2015
Decision Date:	10/19/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/21/2015

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: 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 43 year old female who sustained an industrial injury on 05-09-2015. The injury occurred when the injured worker was opening a metal cabinet above her head. The cabinet door fell and she tried catching it with her hands, causing her immediate pain to her lower back. She was initially diagnosed with lumbar spine sprain. Treatment to date has included physical therapy, pain medications, muscle relaxants, anti-inflammatory agents and a back support. Physical therapy notes submitted for review included notes from 06-24-2015 through 07-10-2015. On 07-10-2015, the injured worker had completed 14 sessions. She reported that she was doing home exercise program and some swimming. Therapy treatments included active range of motion, functional task training, soft tissue mobilization and vertebral joint segments mobilization. According to an initial orthopedic evaluation dated 07-20-2015, the injured worker reported constant pain in the lower back described as sharp, shooting, throbbing and burning. Pain traveled to her left leg. She had a feeling of an electrical shooting sensation in the left leg and foot. She had episodes of numbness and tingling in her left leg and foot. She reported weakness of the left leg and often found herself walking with a limp. There was no bowel or bladder dysfunction. Physical therapy, pain medication and wearing a back support provided her with pain improvement, but she remained symptomatic. Physical therapy for her lower back provided temporary pain relief. She was taking prescribed pain medication and anti-inflammatory agent but could not recall the names of these. She was currently not working. Episodes of increased pain to her lower back caused difficulty with showering, dressing, grooming and with house chores. She avoided standing, walking, sitting and driving for

prolonged periods of time. Physical examination demonstrated spasm, tenderness and guarding in the paravertebral musculature of the lumbar spine with loss of range of motion. Decreased sensation was noted in the left L5 and S1 dermatomes. There was loss of patellar reflex on the left leg. The injured worker exhibited difficulty with toe and heel walking also. An MRI showed bilateral foraminal stenosis. The provider noted that the reports of left sided radiculopathy did correspond with the MRI findings. However, diagnosis was not entirely clear and the possibility of peripheral nerve entrapment was present. Neurodiagnostic studies of the lower extremities were being ordered to rule out any additional nerve entrapment or neuropathy. This would also provide the injured worker with appropriate AMA rating at the time of maximum medical improvement. The injured worker reported that physiotherapy previously provided was largely passive in nature and she was not instructed on a home exercise program. Therefore, 12 additional sessions of physiotherapy to the lumbar spine was being requested. Authorization was being requested for 5 refills of Relafen, Prilosec and Tramadol ER to avoid the expense and delay of repeated utilization review. Work status included modified work with restrictions. Currently under review is the request for EMG (electromyography) right lower extremity, NCV (nerve conduction velocity) right lower extremity, EMG left lower extremity, NCV left lower extremity, physiotherapy sessions 3 x 4 weeks quantity 12 and Ultram ER 150 mg tablets #60 with 5 refills quantity 360.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG - Right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostic testing.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: MTUS 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, and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMG's are not necessary if radiculopathy is already clinically obvious. In this case, physical examination demonstrated spasm, tenderness and guarding in the paravertebral musculature of the lumbar spine with loss of range of motion. Decreased sensation was noted in the left L5 and S1 dermatomes. There was loss of patellar reflex on the left leg. The injured worker exhibited difficulty with toe and heel walking also. An MRI showed bilateral foraminal stenosis. The provider noted that the reports of left sided radiculopathy did correspond with the MRI findings. With Radiculopathy already present and clinically obvious, the request for EMG/NCV of the lower extremity is not medically necessary by MTUS. The request for EMG - Right lower extremity is not medically necessary by MTUS.

Physiotherapy Sessions 3 x 4 weeks Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine.

Decision rationale: MTUS and ODG guidelines recommend 10 physical therapy visits over 8 weeks for medical management of Lumbar sprains and strains and intervertebral disc disorders without myelopathy. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Documentation indicates that the injured worker had already attended a quantity of physical therapy visits that is in excess of the maximum recommended in the MTUS. Given that the injured worker has not had significant improvement in physical function with an initial course of physical therapy, medical necessity for additional physical therapy has not been established. Per guidelines, the request for Physiotherapy Sessions 3 x 4 weeks Qty: 12 is not medically necessary.

Ultram ER 150mg tablets (#60 with 5 refills) Qty: 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Opioids.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol (Ultram) is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Documentation fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Ultram ER. With MTUS guidelines not being met, the request for Ultram ER 150mg tablets (#60 with 5 refills) Qty: 360 is not medically necessary.

NCV - Right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostic testing.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter-Electrodiagnostic Studies.

Decision rationale: ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Furthermore, guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Physician reports demonstrate clinical signs of radiculopathy, making EMG/NCV testing not clinically indicated. With Radiculopathy already present and clinically

obvious , the request for NCV of the lower extremity is not medically necessary by MTUS. The request for Right lower extremity is not medically necessary per guidelines.

EMG - Left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostic testing.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: MTUS 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 , and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMG's are not necessary if radiculopathy is already clinically obvious. In this case, physical examination demonstrated spasm, tenderness and guarding in the paravertebral musculature of the lumbar spine with loss of range of motion. Decreased sensation was noted in the left L5 and S1 dermatomes. There was loss of patellar reflex on the left leg. The injured worker exhibited difficulty with toe and heel walking also. An MRI showed bilateral foraminal stenosis. The provider noted that the reports of left sided radiculopathy did correspond with the MRI findings. With Radiculopathy already present and clinically obvious, the request for EMG/NCV of the lower extremity is not medically necessary by MTUS. The request for EMG - Left lower extremity is not medically necessary by MTUS.

NCV - Left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostic testing.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter-Electrodiagnostic Studies.

Decision rationale: ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Furthermore, guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Physician reports demonstrate clinical signs of radiculopathy, making EMG/NCV testing not clinically indicated. With Radiculopathy already present and clinically obvious , the request for NCV of the lower extremity is not medically necessary by MTUS. The request for NCV - Left lower extremity is not medically necessary per guidelines.