

<b>Case Number:</b>	CM15-0190155		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	10/22/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Texas, Illinois

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:

This is a 54 year old male with a date of injury of October 22, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain with herniated disc at L3-4 and L4-5 degenerative disc disease, suspect radiculopathy. Medical records dated July 7, 2015 indicate that the injured worker complained of lower back pain. A progress note dated August 11, 2015 documented complaints of back pain radiating to the legs, difficulty sleeping, and difficulty with activities of daily living. Per the treating physician (August 11, 2015), the employee was temporarily totally disabled. The physical exam dated July 7, 2015 reveals left lumbar paraspinal tenderness and loss of lumbar lordosis. The progress note dated August 11, 2015 documented a physical examination that showed lumbar spine tenderness and spasm, decreased range of motion of the lumbar spine, and well preserved reflexes. Treatment has included at least sixteen sessions of physical therapy, medications (Tramadol and Ibuprofen noted in May of 2015), and magnetic resonance imaging of the lumbar spine (January 30, 2015) that showed disc space narrowing at L4-5 with slight to mild left and mild right neural foraminal narrowing, and evidence of long-standing degenerative disc disease in the vertebral endplates adjacent to the disc. The original utilization review (September 8, 2015) non-certified a request for electromyogram-nerve conduction velocity studies for the bilateral lower extremities and an electric heating pad, and partially certified a request for two sessions of physical therapy for the lumbar spine (original request for twelve sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS to bilateral lower extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) web, 2015, Low Back, Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

**Decision rationale:** The injured worker sustained a work related injury on October 22, 2014.. The medical records provided indicate the diagnosis of lumbar strain with herniated disc at L3-4 and L4-5 degenerative disc disease, suspect radiculopathy. Treatments have included physical therapy, medications (Tramadol and Ibuprofen noted in May of 2015). The medical records provided for review do not indicate a medical necessity for DME: electric heating pad. The medical records indicate the injured worker has right sided straight leg raise, an evident for radiculopathy. The MTUS recommends against nerve studies in cases with clinically obvious radiculopathy. Therefore, the request is not medically necessary.

**DME: electric heating pad: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Heat therapy.

**Decision rationale:** The injured worker sustained a work related injury on October 22, 2014.. The medical records provided indicate the diagnosis of lumbar strain with herniated disc at L3-4 and L4-5 degenerative disc disease, suspect radiculopathy. Treatments have included physical therapy, medications (Tramadol and Ibuprofen noted in May of 2015). The medical records provided for review do indicate a medical necessity for DME: electric heating pad. The medical records indicate the injured worker has back pain, back tenderness and spasms. The MTUS recommends at-home applications of local heat or cold to low back. The Official Disability Guidelines recommends heat therapy as an option in the treatment of low back pain. This guideline states that combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control. Therefore, the request is medically necessary.

**PT (Physical Therapy), twelve sessions for the lumbar spine: 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 rationale:** The injured worker sustained a work related injury on October 22, 2014.. The medical records provided indicate the diagnosis of lumbar strain with herniated disc at L3-4 and L4-5 degenerative disc disease, suspect radiculopathy. Treatments have included physical therapy, medications (Tramadol and Ibuprofen noted in May of 2015). The medical records provided for review do not indicate a medical necessity for PT (Physical Therapy), twelve sessions for the lumbar spine. The medical records indicate the injured worker has already exceeded the 10 visits recommended by the MTUS. Therefore, the request is not medically necessary.