

Case Number:	CM15-0207153		
Date Assigned:	10/23/2015	Date of Injury:	05/09/2012
Decision Date:	12/30/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old male with an industrial injury dated 05-09-2012. A review of the medical records indicates that the injured worker is undergoing treatment for status post L4-5 anterior interbody fusion for spondylolisthesis 04-2013, status post L4 to S1 posterolateral instrumented fusion and bilateral decompression on 06-09-2014 and probable lumbar pseudoarthrosis. According to the progress note dated 09-09-2015, the injured worker reported constant low back pain with radiation down the bilateral lower extremities, left greater than right, with associated numbness and tingling in bilateral extremities. Objective findings (09-09-2015) revealed slightly antalgic, tenderness from thoracolumbar spine to the base of the pelvis, slight tight paralumbar musculature, 20 degrees flexion and 15 degrees with tilt to the right and left, and bilateral mild sciatica stretch. The treating physician reported that the X-rays of radiograph of the lumbar spine revealed that the anterior hardware at L4-5 and pedicle screws does not appear to be loose. The treating physician reported that the Computed tomography of lumbar spine dated 01-09-2015 revealed chronic radiculopathy. Electrodiagnostic findings dated 12-10-2014 revealed abnormal electrodiagnostic studies with evidence of chronic left S1 radiculopathy, significant delay of the right tibial H reflex in comparison to the left and decreased right peroneal motor amplitude due to atrophy of the right extensor brevis. Treatment has included Computed tomography of lumbar spine, Electromyography (EMG) & Nerve conduction velocity (NCV) of the bilateral lower extremities in 12-10-2014, Magnetic Resonance Imaging (MRI) of lumbar spine dated 12-23-2014, status post L4-L5 fusion on 04-08-2013, lumbar fusion L4-S1 on 06-09-2014, prescribed medications, epidural steroid injection

(ESI) , physical therapy sessions including electrical stimulation, and periodic follow up visits. The treating physician remains on temporary total disability. The utilization review dated 10-01-2015, non-certified the request for CT scan of lumbar spine, Electromyography (EMG)-NCV studies of the bilateral lower extremities (BLE), electrical stimulator (Pro Stim 5.0) and modified the request for acupuncture x6 (original: 2 times a week for 4 weeks for the lumbar spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, CT (computed tomography).

Decision rationale: Regarding the request for repeat CT scan of the lumbar spine, CA MTUS states CT is recommended for patients with acute or subacute radicular pain syndrome that have failed to improve within 4 to 6 weeks and there is consideration for an epidural glucocorticoid injection or surgical discectomy. Official Disability Guidelines state CT is indicated for thoracic or lumbar spine trauma, myelopathy to evaluate pars defect not identified on plain x-rays, and to evaluate successful fusion if plain x-rays do not confirm fusion. Repeat imaging is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested CT. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent CT of the lumbar spine. In the absence of clarity regarding those issues, the currently requested computed tomography (CT) scan of the lumbar spine is not medically necessary.

EMG/NCV studies of the bilateral lower extremities (BLE): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

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: Regarding the request for repeat EMG/NCV of the lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be

obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Repeat studies are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested EMG/NCV. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent EMG/NCV. In the absence of such documentation, the currently requested EMG/NCV of the lower extremities is not medically necessary.

Electrical stimulator (Pro Stim 5.0) purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.

Acupuncture 2 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to

physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, the current request for 8 visits exceeds the 6 visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.