MAXIMUS Federal Services

| Case Number: | CM15-0041236 | | |
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| Date Assigned: | 03/11/2015 | Date of Injury: | 02/28/2014 |
| Decision Date: | 04/22/2015 | UR Denial Date: | 02/13/2015 |
| Priority: | Standard | Application Received: | 03/04/2015 |

## 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

## 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 30-year-old male, who sustained an industrial injury on 02/28/2014. On provider visit dated 12/10/2014 the injured worker has reported low back pain. On examination he was noted to have low back pain associated with numbness and tingling in the bilaterally lower extremities, bowel and bladder problems were noted as well. Lumbar spine was noted as decreased range of motion due to pain, and tenderness on palpation. The diagnoses have included low back pain, lumbar spine HNP, and lumbar radiculopathy. Treatment to date has included medication, physical therapy, localized intense neurostimulation therapy, and shockwave therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back- Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)chapter 'Low Back- Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS).

**Decision rationale:** The patient presents with pain in the lower back radiating to lower extremities. The request is for EMG/NCV OF THE BILATERAL LOWER EXTREMITIES. The request for authorization is not provided. MRI of the lumbar spine, 12/31/14, shows L5-S1: annular fissure, L4-L5 and L5-S1: disc desiccation, diffuse disc herniation, spinal canal stenosis and bilateral neural foraminal narrowing, L2-L3 and L3-L4: broad-based disc herniation, spinal canal stenosis and bilateral neural foraminal narrowing. Patient complains of bilateral lower extremity radicular pain and numbness with symptoms worse in left lower extremity. Straight leg raising is positive bilaterally. Supine Lasegue's is positive bilaterally. Patient complains of sexual dysfunction and urinary incontinence. He complains of difficulty sleeping and awakens with pain. Patient has had 19 sessions of chiropractic treatments. Patient has had 6 sessions of ESWT. The patient states that the symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. Patient's medication include Ibuprofen, Prilosec and Tramadol. The patient is temporarily totally disabled.ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV 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. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy."Per progress report dated, 02/16/15, treater's reason for the request is "to rule out lumbar radiculopathy." ODG guidelines indicate EMG's are not necessary if radiculopathy is already clinically obvious. Per progress report dated, 02/16/15, treater states, "Pt c/o BLE radicular pain, numbness [with] symptoms worse in LLE." Per progress report dated, 01/09/15, physical examination reveals straight leg raising is positive bilaterally. Additionally, MRI of the lumbar spine on 04/18/14 and 12/13/14 shows annular fissure, disc desiccation, disc herniation, spinal canal stenosis and bilateral neural foraminal narrowing, corroborating radiculopathy. The EMG portion of the request may be appropriate but not NCV given the clinical presentation. Furthermore, per UR letter dated, 02/13/15, UR nurse documented, "Patient was approved for EMG/NCV of bilateral lower extremities on 10-1-2014." It is not known why this is requested again. Therefore, the request IS NOT medically necessary.

**Functional Capacity Evaluation (FCE):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 132 - 139.

**MAXIMUS guideline:** Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

**Decision rationale:** The patient presents with pain in the lower back radiating to lower extremities. The request is for FUNCTIONAL CAPACITY EVALUATION (FCE). The request for authorization is not provided. MRI of the lumbar spine, 12/31/14, shows L5-S1: annular fissure, L4-L5 and L5-S1: disc desiccation, diffuse disc herniation, spinal canal stenosis and bilateral neural foraminal narrowing, L2-L3 and L3-L4: broad-based disc herniation, spinal canal stenosis and bilateral neural foraminal narrowing. Patient complains of bilateral lower extremity radicular pain and numbness with symptoms worse in left lower extremity. Straight leg raising is positive bilaterally. Supine Lasegue's is positive bilaterally. Patient complains of sexual dysfunction and urinary incontinence. He complains of difficulty sleeping and awakens with pain. Patient has had 19 sessions of chiropractic treatments. Patient has had 6 sessions of ESWT. The patient states that the symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. Patient's medication include Ibuprofen, Prilosec and Tramadol. The patient is temporarily totally disabled. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." Treater does not provide reason for the request. In this case, the patient has undergone conservative treatment in the form of medications, chiropractic treatments and extracorporeal shockwave therapy, but continues to have pain. Provided progress reports do not mention a request from the employer or claims administrator. There is no discussion about the current request or prior evaluations in the reports. Routine FCE is not supported by ACOEM. Therefore, the request IS NOT medically necessary.

**Continued TENS unit:** 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 in chronic intractable pain Page(s): 114-116.

**Decision rationale:** The patient presents with pain in the lower back radiating to lower extremities. The request is for CONTINUED TENS UNIT. The request for authorization is not provided. MRI of the lumbar spine, 12/31/14, shows L5-S1: annular fissure, L4-L5 and L5-S1: disc desiccation, diffuse disc herniation, spinal canal stenosis and bilateral neural foraminal narrowing, L2-L3 and L3-L4: broad-based disc herniation, spinal canal stenosis and bilateral neural foraminal narrowing. Patient complains of bilateral lower extremity radicular pain and numbness with symptoms worse in left lower extremity. Straight leg raising is positive bilaterally. Supine Lasegue's is positive bilaterally. Patient complains of sexual dysfunction and

urinary incontinence. He complains of difficulty sleeping and awakens with pain. Patient has had 19 sessions of chiropractic treatments. Patient has had 6 sessions of ESWT. The patient states that the symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. Patient's medication include Ibuprofen, Prilosec and Tramadol. The patient is temporarily totally disabled. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial."Treater does not discuss the request. There is no documentation of how TENS unit has been used and with efficacy. MTUS requires documentation of it's use and efficacy in terms of pain reduction and functional improvement. Furthermore, the request is ambiguous and it is not known what is being asked. If the patient has the TENS, there is nothing wrong with continuing it's use to see how it would help. The treater does not specify what is needed with continued use of TENS. The request IS NOT medically necessary.

**Lumbar spine support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 - 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Lumbar supports.

**Decision rationale:** The patient presents with pain in the lower back radiating to lower extremities. The request is for LUMBAR SPINE SUPPORT. The request for authorization is not provided. MRI of the lumbar spine, 12/31/14, shows L5-S1: annular fissure, L4-L5 and L5-S1: disc desiccation, diffuse disc herniation, spinal canal stenosis and bilateral neural foraminal narrowing, L2-L3 and L3-L4: broad-based disc herniation, spinal canal stenosis and bilateral neural foraminal narrowing. Patient complains of bilateral lower extremity radicular pain and numbness with symptoms worse in left lower extremity. Straight leg raising is positive bilaterally. Supine Lasegue's is positive bilaterally. Patient complains of sexual dysfunction and urinary incontinence. He complains of difficulty sleeping and awakens with pain. Patient has had 19 sessions of chiropractic treatments. Patient has had 6 sessions of ESWT. The patient states that the symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. Patient's medication include Ibuprofen, Prilosec and Tramadol. The patient is temporarily totally disabled. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of the symptom relief." ODG Guidelines under its low back chapter, lumbar support states, "Prevention: not recommended for prevention. There is strong, consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment, ODG further states, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and treatment for a nonspecific LBP (very low quality evidence, but may be a conservative option)."Treater does not discuss the request. In this case, the patient is diagnosed with lumbar spine HNP. And physical examination of the lumbar spine

reveals tenderness to palpation at eh lumbar paraspinal muscles and over the lumbosacral junction. However, the patient does not present with fracture, spondylolisthesis, or documented instability to warrant a lumbar spine support. ACOEM does not support bracing for low back pain; ODG does not support it for prevention, and there is only very-low quality evidence for the use of lumbar support for non-specific low back pain. Therefore, the request IS NOT medically necessary.