

Case Number:	CM15-0048540		
Date Assigned:	03/20/2015	Date of Injury:	09/17/2002
Decision Date:	08/19/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/13/2015

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 40-year-old female who reported an injury on 09/17/2002. The mechanism of injury was a fall. Her diagnoses included chronic lumbosacral radiculopathy and low back pain. Her past treatments were noted to include medication and physical therapy. Her symptoms were noted to include low back pain with radiating pain into the bilateral lower extremities. She also reported numbness and tingling in both legs. She rated her pain at 7/10 to 8/10. Her physical examination revealed tenderness to palpation of the paraspinal muscles and palpable trigger points with a positive twitch response. She was noted to have decreased range of motion to 4/5 in the left ankle dorsiflexion, hypoesthesia over the anterolateral aspect of the bilateral legs, an absent left patellar reflex and an antalgic gait. It was also noted that her range of motion was decreased in the lumbar spine to 40 degrees flexion, 30 degrees extension, and 20 degrees bilateral lateral bending. X-rays were performed and noted to reveal loss of lumbar lordosis and evidence of narrowing at L5 to S1 with narrowing of the neural foramina. The documentation indicates that the injured worker had previous EMG/NCV studies of the lower extremities in 2004 and an MRI of the lumbar spine in 2002. However, the results of those studies were not provided. The treatment plan on 01/28/2015 included trigger point injections, home exercise program, 12 sessions of physical therapy for the lumbar spine, a new MRI of the lumbar spine to compare with the previous MRIs and evaluate the extent of disc degeneration, EMG/NCV studies to determine affected muscle groups as she was noted to have wasting of the gastrocnemius muscle and increased radiculitis to the lower extremities, Motrin and follow-up in 4 weeks. A rationale for the trigger point injections and the physical therapy was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NVC-lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Nerve conduction studies (NCS).

Decision rationale: According to the California MTUS/ACOEM Guidelines, electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back and radicular symptoms lasting more than 3 to 4 weeks despite conservative treatment. However, the Official Disability Guidelines state nerve conduction studies are not recommended for patients with suspected radiculopathy. According to the clinical information submitted for review, the injured worker has low back pain with significant radiating symptoms into the bilateral lower extremities. She was noted to have had previous EMG and NCV studies in 2004. However, the results of these studies were not provided. She was shown to have significant neurologic deficits on physical examination. However, her neurologic deficits are consistent with her noted degenerative changes at L4-5 and L5-S1. As her radiculopathy is obvious based on clinical findings, the necessity of electrodiagnostic testing has not been established. In addition, the documentation does not adequately address how updated electrodiagnostic studies would be beneficial to the injured worker and how the result would change her therapeutic treatment plan. In the absence of this documentation and as her radiculopathy is clinically obvious, EMG is not supported. In addition, the guidelines do not support nerve conduction studies for suspected radiculopathy. Therefore, NCV of the lower extremities is also not supported. For the reasons noted above, the request is not medically necessary.

Trigger point injections times two for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: According to the California MTUS Chronic Pain Guidelines, trigger point injections may be recommended for myofascial pain syndrome when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. Additionally, the guidelines state that the symptoms need to have persisted for more than 3 months and that medical management therapy such as exercise, physical therapy, NSAIDs and muscle relaxants have failed to control the pain. Additionally, the guidelines state that radiculopathy should not be present by exam, imaging or neuro testing. The clinical information

submitted for review indicated that the injured worker had palpable trigger points and positive twitch response on physical examination. She was also noted to have chronic pain for more than 3 to 4 months. However, she also has clear findings suggestive of radiculopathy and the documentation does not support that she has failed an adequate course of recent conservative treatment. For these reasons, she does not meet the criteria for trigger point injections. As such, the request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRI.

Decision rationale: According to the Official Disability Guidelines, repeat MRI is not routinely recommended and should be reserved for evaluation of progressive neurologic deficits or significant changes in symptoms. The clinical information submitted for review indicated the injured worker had previous MRI. She was noted to have disc degeneration at L4-5 and L5-S1. However, the former results of her previous MRI were not provided. She was also shown to have significant neurologic deficits on physical examination. However, the documentation did not adequately illustrate progressive neurologic deficit, or why there is suspicion for significant change on MRI. In addition, the documentation did not address how a repeat MRI would change the injured worker's treatment plan at this time. In the absence of this documentation, the request is not supported. As such, the request is not medically necessary.

Physical therapy twelve sessions for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: According to the California MTUS Guidelines, up to 10 visits of physical therapy may be recommended for functional deficits related to chronic pain conditions. The clinical information submitted for review indicated that the injured worker has decreased range of motion and motor strength related to her chronic low back condition. It was also noted that she had previously received approximately 8 to 10 sessions of physical therapy, which reportedly had been helpful with core strengthening and had helped to improve her activities of daily living. However, documentation showing objective functional improvement with her previous physical therapy sessions was not provided to support additional sessions. In addition, as she was noted to have previously completed 8 to 10 sessions, the documentation would need to outline exceptional factors to warrant additional visits beyond the maximum recommended by the guidelines. For these reasons, the request is not medically necessary.