MAXIMUS Federal Services

Case Number:	CM15-0056417		
Date Assigned:	04/01/2015	Date of Injury:	09/13/2012
Decision Date:	05/07/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/24/2015

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, Hawaii
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 43 year old male, who sustained an industrial injury on 09/13/2012. He has reported subsequent back pain and was diagnosed with status post L3-L4 anterior and posterior fusion with recurrent lower extremity radicular symptoms. Treatment to date has included oral pain medication, physical therapy, acupuncture and surgery. In a progress note dated 02/09/2015, the injured worker complained of ongoing low back pain that was rated as a 6/10 without medication and 2/10 with medication. Objective findings were notable for an antalgic gait, tenderness to palpation of the lumbar spine with muscle spasm and a positive straight leg raising test. The physician noted that a request for EMG/nerve conduction study of the bilateral lower extremities for ongoing symptoms and an additional course of physical therapy and acupuncture was being made.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of Bilateral Lower Extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303.

Decision rationale: The patient presents with back pain. The current request is for EMG/NCS of bilateral lower extremities. The treating physician states, in a report dated 02/09/15, "[The patient's] pain does radiate to the bilateral lower extremities, more notably on the right than the left, distally to the level of the heel. He does describe numbness and tingling in the same distribution pattern, most pronounced on the right. He also describes a perception of weakness, most notably on the right." The ACOEM guidelines state, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The Official Disability Guidelines go on with further discussion of EMG/NCV stating that EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy. Official Disability Guidelines goes on to discuss nerve conduction studies as not recommended for lower back pain alone. In this case, the treating physician states, "Given the increase in radicular symptoms, and subjective numbness and tingling in the lower extremities with perception of weakness, I will request an EMG/nerve conduction study of the bilateral lower extremities to evaluate nerve root impingement accounting for his ongoing symptoms." Therefore, the current request is medically necessary.

Acupuncture 2x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with back pain. The current request is for Acupuncture 2x3. The treating physician states, in a report dated 02/09/15, "[The patient] should also be provided with an additional course of acupuncture therapy in conjunction with the physical therapy at two times a week for three weeks to work the synergistic effect as an adjunct to the physical therapy to reduce his pain and hasten functional restoration." The Acupuncture Medical Treatment Guidelines recommend acupuncture for the treatment of low back complaints. The guidelines state, "Time to produce functional improvement: 3 to 6 treatments." In this case, the treating physician has documented prior postoperative acupuncture with "modest benefits." However, objective documentation of functional improvement and the exact number of treatments to date were not documented in the records available for review. Therefore, the current request is not medically necessary.

Physical therapy 2x3: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: The patient presents with back pain. The current request is for Physical therapy 2x3. The treating physician states, in a report dated 02/09/15, "I also request that the patient is provided an additional course of physical therapy two times a week for three weeks to his lumbar spine to further decrease pain, improve function, and hasten functional restoration." The MTUS post-surgical guidelines recommend up to 34 physical therapy sessions for patients following fusion of intervertebral disc disorders without myelopathy. In this case, the treating physician, in a UR appeal letter dated 03/02/15, "my patient has had 18 sessions of postoperative physical therapy following the anterior and posterior lumbar fusion at L5-S1 with [redacted] on July 25, 2014. The California postsurgical MTUS guidelines allow for 34 sessions of postoperative physical therapy following a lumbar fusion and my patient has only had 18. The physical therapist did a reassessment on February 24, 2015 after the 18th visit of physical therapy, which documented functional improvement." Therefore, the current request is medically necessary.