

Case Number:	CM14-0120453		
Date Assigned:	08/06/2014	Date of Injury:	10/31/2011
Decision Date:	10/31/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old male who sustained an injury to his low back on 10/31/11 due to cumulative trauma while performing his usual and customary duties as a merchandiser promoter; he was required to move around large boxes of equipment around a warehouse with a dolly. Magnetic resonance image (MRI) of the lumbar spine dated 10/19/12 revealed large broad-based right subarticular zone disc protrusion measuring 1.1cm with impingement on the bilateral transiting nerve roots and severe central canal stenosis at L4-5, L5-S1 4mm disc bulge. The injured worker underwent L4-5 laminotomy and discectomy on 10/28/12. Clinical note dated 07/23/13 reported that the injured worker underwent some acupuncture treatment. Clinical note dated 11/15/13 reported that the injured worker had about 12 visits of acupuncture from December of 2013 through January of 2014. The injured worker felt that the acupuncture helped by decreasing his pain. Physical examination noted mildly shortened heel/toe gait favoring the right leg, but only on fast-paced walking; posture normal; no list or increased pelvis tilt; tenderness over lumbar spinous processes, interspinous ligaments and right sciatic notch; tenderness over posterior superior iliac spine, left sciatic notch, sacrum, coccyx, posterior calves, and thighs; percussion of the lower lumbar segments did not elicit pain or discomfort; paravertebral muscle spasm; range of motion flexion 30 degrees, extension 10 degrees, lateral bending 15/20 degrees; heel/toe walk normal; straight leg raise positive; sensation decreased over right L5 dermatome 4/5, otherwise intact; motor strength extensor hallucis longus 4.5/5 on right, 5/5 left; reflexes 2+ and equal.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Visits for The Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Treatment guidelines do not support acupuncture treatment absent functional improvements being documented. The California Medical Treatment Utilization Schedule states that acupuncture is "used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." There was no indication that the injured worker had any GI complaints. The California Medical Treatment Utilization Schedule recommends three to six treatments as an initial trial. With evidence of functional improvement, additional visits may be extended at the rate of one to three times per week for one to two months. Records indicate that the injured worker has already received 12 acupuncture visits to date. There was no additional significant clinical information provided that would support exceed the California Medical Treatment Utilization Schedule recommendations, either in frequency or duration of acupuncture therapy visits. Given this, the request for 12 Acupuncture Visits for the Lumbar Spine is not medically necessary.

Nerve Conduction Study of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar & Thoracic (Acute & Chronic)

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 chapter, Electrodiagnostic studies (EDS)

Decision rationale: Treatment guidelines do not recommend Nerve Conduction Velocity (NCV) in this case and Electromyogram (EMG) is also not supported given that radicular issues have already been identified and supported with clinically objective findings. The Official Disability Guidelines state that Nerve Conduction Studies (NCS) for the low back are not recommended. There is minimal justification for performing (NCS) when a patient is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low continue combine sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Given this, the request for EMG/NCV of the bilateral lower extremities is not medically necessary.

Electromyography of the Bilateral Lower Extremities: Upheld

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

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 chapter, Electrodiagnostic studies (EDS)

Decision rationale: Treatment guidelines do not recommend Nerve Conduction Velocity (NCV) in this case and Electromyogram (EMG) is also not supported given that radicular issues have already been identified and supported with clinically objective findings. The Official Disability Guidelines state that Nerve Conduction Studies (NCS) for the low back are not recommended. There is minimal justification for performing (NCS) when a patient is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low continue combine sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Given this, the request for EMG/NCV of the bilateral lower extremities is not medically necessary.

6 Physical Therapy Visits for the Lumbar Spine: Upheld

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

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 Chapter, Physical Therapy

Decision rationale: The request for 6 Physical Therapy Visits for the Lumbar Spine is not medically necessary. The Official Disability Guidelines recommend up to 10 visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to three or more visits per week to one or less), plus active self-directed home physical therapy. There was no indication that the injured worker was actively participating in a home exercise program. Given this, the request for 6 Physical Therapy Visits for the Lumbar Spine is not medically necessary.