Case Number:	CM14-0141720		
Date Assigned:	09/05/2014	**Date of Injury:**	03/28/2014
Decision Date:	10/09/2014	**UR Denial Date:**	07/31/2014
Priority:	Standard	**Application Received:**	09/02/2014

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 Physical Medicine & Rehabilitation 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 50-year-old male, who reported an injury on 03/28/2014. The injured worker sustained injuries to his lower back after he fell off a step stool. The injured worker's prior treatment history included physical therapy, anti-inflammatory medications, MRI studies, and moist therapy heat pad. The injured worker was evaluated on 07/25/2014, and it was documented that the injured worker complained of low back pain. The injured worker's pain level was a 10/10. Pain was sharp, burning, throbbing, pins and needles, numbness and tingling. It was noted that the injured worker had Robaxin and Mobic. Objective findings: of the lumbosacral spine revealed pain in the range of motion, forward flexion with poor effort; forward flexion was 45 degrees; extension was 20 degrees; left and right lateral flexion was 15 degrees; and, rotation was 30 degrees. The remainder of the exam was not performed. Diagnoses include a lumbar disc herniation and lumbar myofasciitis. The Request for Authorization was not submitted for this review. The outcome measurements of prior physical therapy were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criterion for ESIs. There was lack of documentation of home exercise regimen, and pain medication management or the outcome measurements for the injured worker. The provider failed to indicate injured worker long-term goals of treatment. Given the above, the request for lumbar epidural steroid injections at L4-L5 is not medically necessary.

Acupuncture evaluation and treatment x 6 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the Acupuncture Medical Treatment Guidelines, it is stated Acupuncture Medical Treatment Guidelines state 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines state that the frequency and duration of acupuncture with electrical stimulation may be performed to produce functional improvement for up to 3 to 6 treatments no more than 1 to 3 times per week with duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. According to the records submitted indicated the injured worker has received physical therapy sessions. However, the provider indicated the injured worker there were no long-term goals or of prior outcome measurements of physical therapy. The request failed to indicate location where acupuncture treatment is required for the injured worker. Given the above, the request for acupuncture is not medically necessary.

Bilateral lower extremity Nerve conduction study: Upheld

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

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. Nerve Conduction Velocity.

Decision rationale: The Official Disability Guidelines do not recommend NCV studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. The provider failed to indicate the rationale why he is requiring a Nerve Conduction Study. There was no indication the injured worker having radicular symptoms. As such, the request for Nerve Conduction Study is not medically necessary.

Electromyography (EMG) bilateral lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: CA MTUS/ACEOM do not recommend electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The Official Disability Guidelines recommend electromyography as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. There was no mentioned of a home exercise regimen or physical examination outcome. In addition, the injured worker has no documented evidence per the physical examination done on 07/25/2014 indicating nerve root dysfunction. Given the above, the request for electromyography to the bilateral extremities is not medically necessary.

30 Day rental of interferential current unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines do not recommend interferential current. It is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return

to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The documents indicated the injured worker had physical therapy; however outcome measurements were not submitted. Additionally the request failed to indicate the location where the interferential unit will be used. As such, the request is not medically necessary.