

Case Number:	CM14-0149962		
Date Assigned:	09/18/2014	Date of Injury:	04/01/2013
Decision Date:	10/17/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/15/2014

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 : Occupational 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:

This is a 61 year old male with a 4/1/13 injury date. He injured his lower back when he missed a step while coming down a platform. In a follow-up on 8/25/14, subjective complaints included ongoing low back pain radiating to both lower extremities, right greater than left, pain limiting his activities 75% of the time, and difficulty sleeping at night. Objective findings included lumbar tenderness to palpation, numerous palpable and tender trigger points, decreased lumbar ROM with guarding, absent right Achilles reflex and 1+ on the left, decreased sensation bilaterally along the posterolateral thigh and calf in the L5-S1 distribution, and positive bilateral SLR in the modified sitting position at 60 degrees. A lumbar spine MRI on 5/23/13 showed left L5-S1 parasagittal disc protrusion causing left lateral recess stenosis and possible impingement upon the left S1 transitioning nerve root, multi-level degenerative disc disease and facet arthropathy with most severe findings of moderate canal stenosis at L3-4 and L4-5. Diagnostic impression: lumbar radiculopathy, chronic low back pain. Treatment to date: lumbar fusion with subsequent removal of hardware (1999), lumbar epidural steroid injections, medications, physical therapy, ice/heat, modified duty, home exercise, TENs, psychotherapy. A UR decision on 9/5/14 denied the request for EMG lumbar paraspinous muscles in the bilateral lower extremities on the basis that there are unequivocal findings consistent with radiculopathy and there is no rationale that justifies how the addition of an electrodiagnostic study would alter the current treatment plan. The request for lumbar physiotherapy was denied on the basis that the patient has already had physical therapy and the new request was not submitted with clear objectives and goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LUMBAR PARASPINAL MUSCLES IN THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter

Decision rationale: The California MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In the present case, the patient has subjective complaints of radiating lower extremity pain and objective signs of S1 radiculopathy that corroborate with MRI findings of S1 nerve root impingement. The presence of radiculopathy appears well-established at this point. It is unclear from the discussions in the documentation how an EMG would clarify the picture and prove valuable in treatment decision making. Therefore, the request for EMG Lumbar Paraspinal Muscles In The Bilateral Lower Extremities is not medically necessary.

PHYSIOTHERAPY, LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation CA MTUS 2009 Â§9792.22. General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

Decision rationale: The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. In the present case, the patient has completed significant amounts of conservative therapy since his injury 1.5 years ago, including physical therapy, anti-inflammatories, epidural steroid injections, and more. It is not clear from the documentation how much benefit the patient has been getting from these modalities, especially physical therapy. There is no new rationale or discussion regarding the purpose and goals of the proposed next round of physical therapy. Therefore, the request for physiotherapy, lumbar spine, is not medically necessary.

