

<b>Case Number:</b>	CM14-0218510		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 female, who sustained an industrial injury on 05/29/2014. She has reported occasional mild low back and thoracic spinal pain. The diagnoses have included low back pain, degenerative lumbar disc, bulging disc, spondylolisthesis, spondylosis at L5, sciatica, spinal stenosis, numbness, and SI joint pain. Treatment to date has included physical therapy, acupuncture, medication management, chiropractic treatments, lumbar support, a home exercise program, and epidural steroid injections to the lumbar area. Currently, the IW complains of bilateral lumbar pain with burning pain radiating down to the right lower extremity. Diagnostic testing has included x-rays and MRI of the lumbar spine showing multilevel spondylosis and multilevel disc bulging in the lumbar spine. Objective findings include tenderness over the paraspinal musculature from L4-S1 bilaterally, positive facet test bilaterally, and tenderness over the lumbar facet joints at L4-5 and L5-S1 that is worse with active extension and side rotation. On 12/22/2014 Utilization Review non-certified a request for 8 additional acupuncture sessions for the low back, noting the absence of documented number of previous treatments and the IW response to those treatments. The MTUS and ACOEM Guidelines were cited. On 12/22/2014 Utilization Review non-certified a request for an EMG of the right lower extremity, noting the absence of documented outcomes of previous conservative treatments such as physical therapy, medication management, and activity modifications. The MTUS and ACOEM Guidelines were cited. On 12/22/2014 Utilization Review non-certified a request for an NCS of the right lower extremity, noting the absence of documented outcomes of previous conservative treatments such as physical therapy, medication management, and activity

modifications. The ODG Guidelines were cited. On 12/22/2014 Utilization Review non-certified a request for physical therapy evaluation for the low back, noting the non-certification of the additional physical therapy. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/22/2014 Utilization Review non-certified a request for physical therapy for the low back, noting the absence of documented number of previous treatments and the IW response to those treatments. The MTUS Chronic Pain and ODG Guidelines were cited. On 12/22/2014 Utilization Review non-certified a request for a referral to a spine surgeon, noting the current approval for an epidural steroid injection and the evaluation of the IW's response to this procedure. The ACOEM Guidelines were cited. On 12/30/2014, the injured worker submitted an application for IMR for review of additional acupuncture treatment 8 sessions for the low back, EMG/NCS of the right lower extremity, physical therapy evaluation and treatment 8 sessions for the low back, and referral to a spine surgeon.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **8 sessions of additional acupuncture treatment for the low back: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Low back section, Acupuncture

**Decision rationale:** Pursuant to the Acupuncture Treatment Guidelines and the Official Disability Guidelines, eight sessions additional acupuncture to the lower back are not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The guidelines enumerate frequency and duration of acupuncture. An initial treatment of 3 to 4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4-6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy. In this case, the injured worker's working diagnoses are low back pain; degenerative lumbar disc; bulging disc; spondylolisthesis; spondylosis at L5; sciatica; spinal stenosis; numbness; and SI joint pain. Subjectively, the injured worker complains of pain in the lower back with burning radiating pain down the right lower extremity. Objectively, there is tenderness over the paraspinal muscle groups L4, L5 note 5 S1 bilaterally. Strength is 5/5 in all major muscle groups. The documentation indicates the injured worker received six acupuncture treatments to the lower back. The guidelines recommend 3 to 4 visits over two weeks and with evidence of objective functional improvement a total of up to 812 visits over 4 to 6 weeks may be appropriate. The injured worker did not have objective functional improvement. Additionally, the evidence is inconclusive for repeating this procedure beyond that initial short course of therapy. Consequently, absent clinical documentation with objective clinical improvement as a result of acupuncture, additional acupuncture eight sessions to the lower back are not medically necessary.

**EMG (electromyography) of the right lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, EMG/NCV

**Decision rationale:** Pursuant to the Official Disability Guidelines, EMG right lower extremity is not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but are not necessary if radiculopathy is already obvious. In this case, the injured worker's working diagnoses are low back pain; degenerative lumbar disc; bulging disc; spondylolisthesis; spondylosis at L5; sciatica; spinal stenosis; numbness; and SI joint pain. Subjectively, the injured worker complains of pain in the lower back with burning radiating pain down the right lower extremity. Objectively, there is tenderness over the paraspinal muscle groups L4, L5 note 5S1 bilaterally. Strength is 5/5 in all major muscle groups. The documentation reflects a well-defined radiculopathy involving the right lower extremity. The guidelines indicate there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. Consequently, according to the guidelines and EMG of the right lower extremity is not medically necessary.

**NCS (nerve conduction study) of the right lower extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), nerve conduction studies (NCS)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, EMG/NCV

**Decision rationale:** Pursuant to the Official Disability Guidelines, NCV right lower extremity is not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but he and his are not necessary if radiculopathy is already obvious. In this case, the injured worker's working diagnoses are low back pain; degenerative lumbar disc; bulging disc; spondylolisthesis; spondylosis at L5; sciatica; spinal stenosis; numbness; and SI joint pain. Subjectively, the injured worker complains of pain in the lower back with burning radiating pain down the right lower extremity. Objectively, there is tenderness over the paraspinal muscle groups L4, L5 note 5S1 bilaterally. Strength is 5/5 in all major muscle groups. The documentation reflects a well-defined radiculopathy involving the right lower extremity. The guidelines indicate there is minimal justification for performing nerve conduction studies when the patient is presumed to have

symptoms on the basis of radiculopathy. Consequently, according to the guidelines NCV of the right lower extremity is not medically necessary.

**Physical therapy evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy (PT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain section, Physical therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy evaluation is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physiotherapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are low back pain; degenerative lumbar disc; bulging disc; spondylolisthesis; spondylosis at L5; sciatica; spinal stenosis; numbness; and SI joint pain. Subjectively, the injured worker complains of pain in the lower back with burning radiating pain down the right lower extremity. Objectively, there is tenderness over the paraspinal muscle groups L4, L5 note 5S1 bilaterally. Strength is 5/5 in all major muscle groups. The documentation reflects a well-defined radiculopathy involving the right lower extremity. The documentation indicates the injured worker received physical therapy in the past. The documentation does not state the total number of visits or the frequency or duration of physical therapy. There is no documentation of objective functional improvement from prior physical therapy. Moreover, the documentation indicates the injured worker failed conservative treatment modalities including physical therapy. There are no compelling clinical facts in the medical record to warrant additional physical therapy. Consequently, absent clinical documentation with objective functional improvement to support additional physical therapy, physical therapy evaluation is not medically necessary.

**Physical therapy for the low back, 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy (PT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Low back section, Physical therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 8 sessions is not medically necessary. The need

for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physiotherapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are low back pain; degenerative lumbar disc; bulging disc; spondylolisthesis; spondylosis at L5; sciatica; spinal stenosis; numbness; and SI joint pain. Subjectively, the injured worker complains of pain in the lower back with burning radiating pain down the right lower extremity. Objectively, there is tenderness over the paraspinal muscle groups L4, L5 note 5S1 bilaterally. Strength is 5/5 in all major muscle groups. The documentation reflects a well-defined radiculopathy involving the right lower extremity. The documentation indicates the injured worker received physical therapy in the past. The documentation does not state the total number of visits or the frequency or duration of physical therapy. There is no documentation of objective functional improvement from prior physical therapy. Moreover, the documentation indicates the injured worker failed conservative treatment modalities including physical therapy. There are no compelling clinical facts in the medical record warranting additional physical therapy. Consequently, absent clinical documentation with objective functional improvement to support additional physical therapy, physical therapy 8 sessions is not medically necessary.

**Referral to a spine surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, page 127.  
Decision based on Non-MTUS Citation Pain section, Office visits

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, referral to a spinal surgeon is not medically necessary. Consultation is designed to aid in the diagnosis, prognosis, and therapeutic management of the patient. The need for a clinical office visit for the healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker's working diagnoses are low back pain; degenerative lumbar disc; bulging disc; spondylolisthesis; spondylolysis at L5; sciatica; spinal stenosis; numbness; and SI joint pain. Subjectively, the injured worker complains of pain in the lower back with burning radiating pain down the right lower extremity. Objectively, there is tenderness over the paraspinal muscle groups L4, L5 note 5S1 bilaterally. Strength is 5/5 in all major muscle groups. The documentation reflects a well-defined radiculopathy involving the right lower extremity. The treating physician requested an epidural steroid injection as part of the present request for authorization. Referral to a spinal surgeon is not appropriate at this time. The epidural steroid injections efficacy should be determined at a later date. The spine consultation should be reevaluated at that time (4-6 weeks). Consequently, pending the epidural steroid injection and a 4 to 6 week time frame, a referral to a spine surgeon is not medically necessary.

