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| Case Number: | CM15-0015710 | | |
| Date Assigned: | 02/03/2015 | Date of Injury: | 03/28/2012 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 12/30/2014 |
| Priority: | Standard | Application Received: | 01/27/2015 |

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 35-year-old male who sustained an industrial injury on 3/28/12 involving injuring his low back and right leg. He reinjured his low back and right leg on 9/10/14 from a slip and fall. He currently complains of low back and right leg pain with numbness and tingling and right knee pain. Medications are gabapentin, omeprazole, laxative, Ultram, Terocin patches which do not help his pain. Diagnoses are lumbar radiculopathy; lumbago; reactive sleep disturbance; herniated nucleus propulsus L5-S1 from 2013 MRI; reactive depression and anxiety and chronic pain syndrome. Treatments to date include physical therapy, nerve blocks, steroid injections which were not helpful, exercise, heat, and ice which have not provided relief. There was reported of only minimal pain relief after completion of 6 PT sessions. The pain score was reported as 5/10 before the current injury but 9/10 after the 9/10/2014 injury. Progress note dated 12/4/14 recommend repeat electromyography/ nerve conduction velocity study of bilateral lower extremities due to worsening and changed symptomatology, 8 sessions of acupuncture, and chiropractic treatments both to the lumbar spine. On 12/30/14 Utilization Review non-certified the requests for repeat electromyography/ nerve conduction velocity study for bilateral lower extremities; acupuncture X8 for the lumbar spine; chiropractic therapy X8 for the lumbar spine citing ODG: Pain: Electrodiagnostic testing; MTUS: Chronic Pain: Acupuncture Medical Treatment Guidelines; MTUS: Chronic Pain Medical Treatment Guidelines: Manual Therapy & manipulation respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG/NCV of 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 (ODG), Pain, Electrodiagnostic testing (EMG/NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 21. Decision based on Non-MTUS Citation Pain Chapter Low and Upper Back Pain Electrodiagnostic Studies

Decision rationale: The CA MTUS (ACOEM) and the ODG guidelines recommend that electrodiagnostic studies can be utilized for the diagnosis of lumbar radiculopathy when clinical and radiological tests are inconclusive. The records indicate that the patient had complete diagnostic tests for the diagnosis of lumbar radiculopathy. The patient had previously completed PT and epidural steroid injections. There is no documentation of objective findings consistent with progressive neurological deficits. The criteria for repeat EMG/NCV of the lower extremities was not met.

Acupuncture x 8 sessions for Lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The CA MTUS Acupuncture Medical Treatment Guidelines recommend that acupuncture can be utilized for the treatment of chronic low back pain. The utilization of acupuncture treatments can result in pain relief, increase in range of motion and reduction in medication utilization. The records indicate that the patient reported exacerbation of chronic musculoskeletal pain following re-injury to the existing lumbar spine condition. The utilization of PT and medications did not result in symptomatic improvement since the last back injury. The criteria for the use of Acupuncture x 8 treatments sessions to the lumbar spine was met.

Chiropractic therapy x 8 sessions for Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22,46-47,96,99.

Decision rationale: The CA MTUS recommend that physical treatments can be utilized in the management of musculoskeletal pain. The use of physical treatments can result in reduction of pain, functional restoration, and decrease in medication utilization. The records indicate that the

patient completed 6 PT sessions without significant beneficial effects. It was recommended that the patient continue with a home exercise program. The criteria for Chiropractic therapy 8 sessions to the lumbar spine was not met.