

Case Number:	CM15-0022365		
Date Assigned:	02/17/2015	Date of Injury:	10/21/2014
Decision Date:	06/03/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/06/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old male, who sustained an industrial injury on 10/21/2014. The mechanism of injury involved heavy lifting. The diagnoses have included lumbar strain and left shoulder strain. Treatment to date has included X-ray of the lumbar spine, chiropractic treatments and oral medications. As of the PR2 dated 12/29/2014, the injured worker reported continued bilateral lower extremity weakness and pain. Upon examination there was tenderness to palpation over the paralumbar muscles and spinous processes at L4-S1, palpable muscle spasm, flexion to 50 degrees, extension to 25 degrees, lateral bending to 20 degrees, positive straight leg raise bilateral at 70 degrees, and bilateral lower extremity weakness. Treatment recommendations at that time included an MRI of the lumbar spine, electrodiagnostic studies, physical therapy, a home exercise program and an interferential unit as well as a lumbar support brace. A Request For Authorization form was then submitted on 12/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In this case, the injured worker reported persistent low back pain with radiating symptoms into the bilateral lower extremities. However, the medical necessity for the requested electrodiagnostic studies of the bilateral lower extremities has not been established. The injured worker is pending authorization for a course of physical therapy to include ultrasound therapy, electrical muscle stimulation and massage therapy. In the absence of an exhaustion of conservative management, electrodiagnostic testing would not be supported. Given the above, the request is not medically necessary.

Neurodiagnostic Studies: Upheld

Claims Administrator 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- Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex test, may be useful to help identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In this case, the injured worker reported persistent low back pain with radiating symptoms into the bilateral lower extremities. However, the medical necessity for the requested electrodiagnostic studies of the bilateral lower extremities has not been established. The injured worker is pending authorization for a course of physical therapy to include ultrasound therapy, electrical muscle stimulation and massage therapy. In the absence of an exhaustion of conservative management, electrodiagnostic testing would not be supported. Given the above, the request is not medically necessary.

IF-4 Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12, Low back complaints (2007), pg 167.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state that interferential current stimulation 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. There should be documentation that pain is ineffectively controlled due to the diminished effectiveness of medications or side effects, a history of substance abuse or significant pain from postoperative conditions. In this case, the injured worker is pending authorization for a course of physical therapy to include infrared therapy, ultrasound therapy, electrical muscle stimulation and massage therapy. There is no documentation of a failure to respond to conservative management prior to the request for an interferential current stimulation unit. In addition, there is no evidence of a successful 1 month trial prior to the request for a unit purchase. As such, the request is not medically necessary.

Lumbar Support Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief. There was no documentation of spinal instability upon examination. The medical necessity for the requested lumbar support brace has not been established. As such, the request is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 - Low back complaints (2007), page 53.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. In this case, the injured worker is pending authorization for a course of physical therapy to include infrared therapy, ultrasound therapy, electrical muscle stimulation and massage therapy. In the absence of the completion of conservative management an MRI would not be supported. Given the above, the request is not medically necessary.