

<b>Case Number:</b>	CM15-0065874		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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

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 57-year-old male injured worker suffered an industrial injury on 07/03/2013. The diagnoses included chronic right knee pain, lumbar degenerative disc disease with facet arthropathy and chronic low back pain with right radiculopathy. The injured worker had been treated with chiropractic therapy and medications. On 1/23/2015, the treating provider reported a slight gait impairment and right knee pain. The lumbar spine had decreased range of motion with tenderness at lower lumbar muscles and lumbar facet joints. The treatment plan included EMG/NCV lumbar, MRI lumbar, Aquatic therapy, and Thermacare.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV lumbar:** Overturned

**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): 303. Decision based on Non-MTUS Citation Official disability guidelines, Low back chapter: Electrodiagnostic Studies.

**Decision rationale:** According to the 01/23/2015 report, this patient presents with "constant sharp and stabbing at the low back pain radiating to the right posterior thigh and pain at the right knee with burning sensation." The current request is for EMG/NCV lumbar "to evaluate lumbar radiculopathy or other neuropathy." The patient's work status is "continue his work restriction of no lifting/pushing/carrying/pulling over 20 pounds and avoid repetitive bending, stopping, climbing, kneeling or squatting." Regarding electrodiagnostic studies of lower extremities, ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. Review of the provided reports do not show any evidence of EMG being done in the past. In this case, the treating physician has requested for an EMG of the lumbar spine for the patient's on-going low back and leg symptoms for which there is support for in the guidelines. The request is medically necessary.

**MRI lumbar:** 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), Low Back, MRIs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, low back chapter; Magnetic resonance imaging.

**Decision rationale:** According to the 01/23/2015 report, this patient presents with "constant sharp and stabbing at the low back pain radiating to the right posterior thigh and pain at the right knee with burning sensation." The current request is for MRI lumbar but the treating physician's report and request for authorization containing the request is not included in the file. Based on the reports provided for review, the 09/28/2014 Q.M.E report indicates that the patient had an MRI in August of 2013; "MRI shows signs of L3-L4 small annular tear, otherwise no acute injury." The MRI report was not included in the file for review. Regarding repeat MRI study, ODG states, "is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, the provided reports from 10/15/2014 to 01/23/2015 show no discussion as to why the patient needs a repeat MRI of the lumbar spine. The patient had an MRI in 2013 and there has been no new injury, no emergence of red flags, no significant change in clinical presentation and no progression of neurologic deficits to warrant another set of MRI's. The request is not medically necessary.

**Aquatic therapy 2 x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic therapy Page(s): 98-99, 22.

**Decision rationale:** According to the 01/23/2015 report, this patient presents with "constant sharp and stabbing at the low back pain radiating to the right posterior thigh and pain at the right knee with burning sensation." The current request is for Aquatic therapy 2 x 3 but the treating physician's report and request for authorization containing the request is not included in the file. Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example extreme obesity. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. There are no therapy reports included for this review and the treater does not discuss therapy history. There is also no discussion as to why pool therapy is needed, and why the patient requires weight reduced exercises. There is no discussion of a flare-up or an aggravation requiring therapy. The request is not medically necessary.

**ThermaCare:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Heat therapy.

**Decision rationale:** According to the 01/23/2015 report, this patient presents with "constant sharp and stabbing at the low back pain radiating to the right posterior thigh and pain at the right knee with burning sensation." The current request is for Therma Care. The request for authorization is not included in the file for review. Regarding Therma Care, ODG guidelines state "Recommended Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control." Heat therapy has been found to be helpful for pain reduction and return to normal function. In this case, the treating physician does not indicate that the patient has an "acute low back pain," for which use of heat modality such as Thermacare may be indicated per ODG guidelines. There is no discussion regarding a flare-up, new injury or an exacerbation. The request is not medically necessary.