

Case Number:	CM15-0074963		
Date Assigned:	04/24/2015	Date of Injury:	01/16/2015
Decision Date:	05/22/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 28 year old male who sustained an industrial injury on 1/16/15 while reaching for a box involving his lower back. As a result of his injury he received x-rays (1/19/15), medications and treatment (not specific, 3/6/15). Of note, he sustained an injury to his right knee in 2013 from a forklift accident. He currently complains of lower back and left lower extremity pain and numbness. Medications are naproxen, Norflex, omeprazole, ibuprofen and topical creams. Diagnoses include lumbar sprain, lumbar facet arthropathy, myofascial pain. Treatments to date include medications, physical therapy. Diagnostics include MRI of the lumbar spine (3/18/15) abnormal findings. There is a request for electromyography of the lower extremities, pain medicine consult and chiropractic are three times a week for six weeks for the lumbar spine but the progress notes available for review do not mention these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of lower extremity: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: The claimant sustained a work-related injury in January 2015 and continues to be treated for low back pain with left lower extremity numbness and tingling. When seen there was a normal neurological examination including negative straight leg raising. Facet loading was positive and there was facet joint and lumbar paraspinal muscle tenderness. An MRI of the lumbar spine on 03/18/15 included findings of lower lumbar disk bulging and herniations with left lateralization at L4/5. Electromyography (EMG) testing is recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy. In this case, the claimant has imaging findings and complaints consistent with left lumbar radiculopathy but has a normal neurological examination and physical examination findings that suggest either facet mediated or myofascial pain. The requested testing would provide needed additional information regarding the claimant's diagnosis and is medically necessary.

Pain medicine consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEOM - Independent Medical Examination and Consultations page 127; Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) page 503.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work-related injury in January 2015 and continues to be treated for low back pain with left lower extremity numbness and tingling. When seen there was a normal neurological examination including negative straight leg raising. Facet loading was positive and there was facet joint and lumbar paraspinal muscle tenderness. An MRI of the lumbar spine on 03/18/15 included findings of lower lumbar disk bulging and herniations with left lateralization at L4/5. In this case, the claimant's condition is consistent with possible lumbar radiculopathy as well as with facet mediated pain and myofascial pain. An epidural steroid injection or other interventional treatment might be an option in her treatment. Therefore requesting a referral to pain management is medically necessary.

Chiropractic 3 times 6 of the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Manipulation.

Decision rationale: The claimant sustained a work-related injury in January 2015 and continues to be treated for low back pain with left lower extremity numbness and tingling. When seen there was a normal neurological examination including negative straight leg raising. Facet loading was positive and there was facet joint and lumbar paraspinal muscle tenderness. An MRI of the lumbar spine on 03/18/15 included findings of lower lumbar disk bulging and herniations with left lateralization at L4/5. Although chiropractic care is recommended as an option, guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.