

Case Number:	CM15-0099383		
Date Assigned:	06/01/2015	Date of Injury:	09/02/1997
Decision Date:	07/08/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/22/2015

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: Emergency 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 (IW) is a 42-year-old male who sustained an industrial injury on 09/02/1997. Diagnoses include lumbago. Treatment to date has included medications and physical therapy. According to the PR2 dated 5/6/15, the IW reported frequent, sharp pain in the low back radiating to the lower extremities, aggravated by bending, lifting, pushing, pulling, prolonged sitting, standing and walking. He rated the pain 7/10. On examination, the lumbar paravertebral muscles were tender with palpable spasms. Standing flexion and extension was guarded and restricted. Tingling and numbness were present in the lower extremities in the L5 and S1 dermatome patterns. Ankle reflexes were asymmetric. A request was made for eight acupuncture treatments for the lumbar spine and eight physical therapy sessions for the lumbar spine to reduce pain and improve function, and one electromyography (EMG) of the bilateral lower extremities to diagnose/clarify the IW's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture treatments to lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 8 acupuncture treatments to lumbar spine, is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has frequent, sharp pain in the low back radiating to the lower extremities, aggravated by bending, lifting, pushing, pulling, prolonged sitting, standing and walking. He rated the pain 7/10. On examination, the lumbar paravertebral muscles were tender with palpable spasms. Standing flexion and extension was guarded and restricted. Tingling and numbness were present in the lower extremities in the L5 and S1 dermatome patterns. Ankle reflexes were asymmetric. The treating physician has not documented the medical necessity for a current trial of acupuncture beyond 4 sessions and re-evaluation. The criteria noted above not having been met, 8 acupuncture treatments to lumbar spine is not medically necessary.

8 physical therapy sessions to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Physical Therapy (PT) (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Complaints, Physical Therapy.

Decision rationale: The request for 8 physical therapy sessions to lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and Official Disability Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has frequent, sharp pain in the low back radiating to the lower extremities, aggravated by bending, lifting, pushing, pulling, prolonged sitting, standing and walking. He rated the pain 7/10. On examination, the lumbar paravertebral muscles were tender with palpable spasms. Standing flexion and extension was guarded and restricted. Tingling and numbness were present in the lower extremities in the L5 and S1 dermatome patterns. Ankle reflexes were asymmetric. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, 8 physical therapy sessions to lumbar spine is not medically necessary.

One MRI for 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 Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): MRIs (magnetic resonance imaging) (2015).

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

Decision rationale: The request for One MRI for the lumbar spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has frequent, sharp pain in the low back radiating to the lower extremities, aggravated by bending, lifting, pushing, pulling, prolonged sitting, standing and walking. He rated the pain 7/10. On examination, the lumbar paravertebral muscles were tender with palpable spasms. Standing flexion and extension was guarded and restricted. Tingling and numbness were present in the lower extremities in the L5 and S1 dermatome patterns. Ankle reflexes were asymmetric. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The treating physician has not documented evidence of an acute change since the date of a previous imaging study. The criteria noted above not having been met, One MRI for the lumbar spine is not medically necessary.

One Electromyography (EMG) 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 (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): EMGs (electromyography) (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Acupuncture Treatment Guidelines.

Decision rationale: The request for One Electromyography (EMG) of the bilateral lower extremities is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has frequent, sharp pain in the low back radiating to the lower extremities, aggravated by bending, lifting, pushing, pulling, prolonged sitting, standing and walking. He rated the pain 7/10. On examination, the lumbar paravertebral muscles were tender with palpable spasms. Standing flexion and extension was guarded and restricted. Tingling and numbness were present in the lower extremities in the L5 and S1 dermatome patterns. Ankle reflexes were asymmetric. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The treating physician has not documented evidence of an acute change since the date of a previous electrodiagnostic study. The criteria noted above not having been met, One Electromyography (EMG) of the bilateral lower extremities is not medically necessary.

