

Case Number:	CM15-0099417		
Date Assigned:	06/02/2015	Date of Injury:	06/22/2011
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
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: 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 53 year old male, who sustained an industrial injury on 6/22/2011, while employed as a bus driver. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar spondylosis, lumbar herniated nucleus pulposus, lumbar/lumbosacral disc degeneration, lumbar stenosis, and lumbago. Treatment to date has included diagnostics, physical therapy, home exercise program, epidural injections, and medications. Currently (3/11/2015-most recent progress report submitted), the injured worker complains of worsened pain, rated 8/10. Pain levels appeared consistent since at least 9/2014, with location of pain noted as the lumbar spine, radiating to his left buttock, down the posterior of the left thigh. Medications included Duexis, Mobic, Voltaren gel, and Gabapentin. He ambulated with a stiff gait and lumbar flexion measured 60 degrees and extension 10 degrees. There was diffuse lumbar paravertebral muscle tenderness with spasm. Straight leg raise test was negative bilaterally. Sensation and circulation were intact in the lower extremities. His work status was total temporary disability. The treatment plan included aquatic therapy (2 x 4) after lumbar epidural steroid injection and electromyogram and nerve conduction studies of the lower extremities. The Qualified Medical Re-Evaluation report (2/04/2015) noted an opinion of a radicular component to the injured worker's symptoms and that electrodiagnostic studies of the lower extremities would be appropriate to confirm this. It was also noted that a recommendation for aquatic therapy would be appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient aquatic therapy twice (2) a week for four (4) weeks after lumbar epidural steroid injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain, p 87.

Decision rationale: The claimant sustained a work injury in June 2011 and continues to be treated for low back pain. When seen, there is been a worsening of symptoms. Physical examination findings included decreased and painful spinal range of motion and diffuse paraspinal muscle tenderness with spasm. He had a stiff gait. There was a normal neurological examination and straight leg raising was negative. The claimant's BMI is noted to be normal at 24.3. Aquatic therapy is recommended for patients with conditions where there are comorbidities that would be expected to preclude effective participation in weight bearing physical activities. In this case, there is no identified co-morbid condition that would be expected to limit the claimant's ability to participate in and benefit from conventional land-based therapy. The request was therefore not medically necessary.

Outpatient EMG/NCV of lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in June 2011 and continues to be treated for low back pain. When seen, there is been a worsening of symptoms. Physical examination findings included decreased and painful spinal range of motion and diffuse paraspinal muscle tenderness with spasm. He had a stiff gait. There was a normal neurological examination and straight leg raising was negative. The claimant's BMI is noted to be normal at 24.3. Aquatic therapy is recommended for patients with conditions where there are comorbidities that would be expected to preclude effective participation in weight bearing physical activities. In this case, there is no identified co-morbid condition that would be expected to limit the claimant's ability to participate in and benefit from conventional land-based therapy. The request was therefore not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain, p 87 Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There is no documented neurological examination that would support the need for obtaining lower extremity EMG or NCS testing. Therefore, this request is not medically necessary.

