

<b>Case Number:</b>	CM13-0003863		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year-old female with a 10/17/11 industrial injury claim. She has been diagnosed with lumbar spasm; mild to moderate spondylosis at L4/5 and L5/S1; and a 5-mm posterior L5/S1 disk herniation. According to the 7/9/13 neurology/pain management report from [REDACTED], the patient presents with lower back pain 5/10 with numbness and tingling down the lower extremities right greater than left. The report states the patient denied having any injections, but I have also been provided the 5/20/13 operative report from [REDACTED] showing a TFESI at L5/S1 bilaterally. On 7/17/13 UR recommended against PT x12 and EMG/NCV lower extremities, apparently based on a 7/12/13 report from [REDACTED]. Unfortunately, the 7/12/13 report was not provided for this IMR, and none of the provided medical reports request the PT or electrodiagnostic studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### OUTPATIENT PHYSICAL THERAPY 12 SESSIONS FOR THE LUMBAR SPINE:

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter

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

**Decision rationale:** According to the 7/9/13 neurology/pain management report provided for review, the patient presents with lower back pain 5/10 with numbness and tingling down the lower extremities right greater than left. The MTUS Chronic Pain Guidelines states that up to 8-10 sessions of PT would be reasonable for various myalgias and neuralgias. The request for 12 sessions of PT exceeds the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.

**EMG FOR BILATERAL LOWER EXTREMITIES:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the 7/9/13 neurology/pain management report provided for review, the patient presents with lower back pain 5/10 with numbness and tingling down the lower extremities right greater than left. The ACOEM Guidelines state: "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The patient appears to have had back pain over 3-4 weeks, dating back to 2011. The request appears to be in accordance with MTUS/ACOEM guidelines. The request is medically necessary and appropriate.

**NCV FOR THE LOWER EXTREMITIES:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the 7/9/13 neurology/pain management report provided for review, the patient presents with lower back pain 5/10 with numbness and tingling down the lower extremities right greater than left. ACOEM Guidelines state: "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The patient appears to have had back pain over 3-4 weeks, dating back to 2011. The H-reflex is a part of the NCV, so the request appears to be in accordance with MTUS/ACOEM guidelines.