

Case Number:	CM13-0015272		
Date Assigned:	10/07/2013	Date of Injury:	06/01/2006
Decision Date:	01/15/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 physician 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.

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 patient is a 27-year-old female who reported an injury in 11/2007 due to cumulative trauma while performing normal job duties. The patient had low back pain radiating into her thighs. The patient underwent an MRI and electrodiagnostic studies. The patient was treated conservatively with medications without significant benefit, physical therapy that assisted in pain control and increased function, and epidural steroid injections that did provide relief for approximately 1 month. The patient has a significant surgical history of the back. Surgeries were documented to be in 02/1999 with a lumbar laminectomy in 01/2012. The patient's most recent physical exam findings included increased pain radiating into the right lower extremity along the L5 distribution. It was noted that the patient was participating in physical therapy with some improvement. Physical findings included intact sensation, 5/5 motor strength, and tenderness to palpation along the paraspinal musculature in the lumbar region and the sacroiliac joints, with decreased range of motion. The patient's diagnoses included lumbar sprain/strain with possible radiculopathy and sleep disturbances. The patient's treatment plan included continued physical therapy, Electromyography (EMG)/Nerve Conduction Study (NCS) of the bilateral lower extremities, and a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical therapy (PT) sessions (through Align Networks 866-389-0211) between 8/5/2013 and 9/22/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

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

Decision rationale: The requested 18 Physical therapy (PT) sessions (through [REDACTED]) between 8/5/2013 and 9/22/2013 are not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has continued pain complaints that radiate into her lower extremities. However, the clinical documentation submitted for review does indicate that the patient has previously participated in physical therapy. The patient should be well-versed in a home exercise program. There are no barriers noted within the documentation that would preclude participation in a home exercise program. Although a short course of physical therapy may be indicated to re-establish a home exercise program, the requested 18 physical therapy sessions are in excess of this short course of therapy. The California Medical Treatment Utilization Schedule states "active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort." Although the patient may benefit from re-establishment of an active therapy program for a short course, the requested 18 Physical therapy (PT) sessions (through [REDACTED]) between 8/5/2013 and 9/22/2013 are not medically necessary or appropriate.

ELECTROMYOGRAPHY (EMG) of legs (through One Call Medical 866-557-8670) between 8/5/2013 and 9/22/2013: Upheld

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): 303-305.

Decision rationale: The clinical documentation submitted for review does indicate that the patient has previously undergone electrodiagnostic studies. The results of those studies were not submitted for review. Additionally, there has not been a significant change in the patient's clinical presentation to support the need for additional electrodiagnostic studies. These studies would be considered redundant. As such, the requested Electromyography (EMG) is not medically necessary or appropriate.

NCS of legs (through One Call Medical 866-557-8670) between 8/5/2013 and 9/22/2013: Upheld

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): 303-305. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back, NCS.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient previously underwent electrodiagnostic studies. The results of those studies were not provided for review. Additionally, there has not been a significant change in the patient's clinical presentation to support the need for further testing. Additional electrodiagnostic testing would be considered redundant. As such, the requested Nerve Conduction Study (NCS) is not medically necessary or appropriate.

1 Lumbar epidural steroid injection between 8/5/2013 and 9/22/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines Epidural Steroid Injections Page(s): 48.

Decision rationale: The patient does have pain in the low back radiating into the lower extremities. California Medical Treatment Utilization Schedule does recommend epidural steroid injections for patients who have radicular pain documented with physical exam findings and supported by an imaging study that are non-responsive to physical therapy. The clinical documentation submitted for review does indicate that the patient as previously undergone epidural steroid injections with functional benefit and pain relief. However, the most recent clinical documentation submitted for review did indicate that the patient was participating in a physical therapy program. The efficacy of that program has not been established. Additionally, there are no objective findings of pain relief or functional benefit as a result of the prior injections. The patient does complain of pain and numbness in the right leg; however, the most recent clinical evaluation did not find any deficits supporting radicular complaints on the right side. As such, the requested 1 Lumbar epidural steroid injection is not medically necessary or appropriate.