

<b>Case Number:</b>	CM13-0033110		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/25/2007
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in New York 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. 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:

The patient is a 56-year-old male who reported an injury on 06/20/2011. The patient is diagnosed with lumbar musculoligamentous injury and lumbar radiculopathy. The patient was seen by [REDACTED] on 10/04/2013. The patient reported constant moderate to severe, dull, achy, sharp low back pain with radiation to the bilateral lower extremities. Physical examination revealed 3+ tenderness to palpation with positive straight leg raising. Treatment recommendations included a lumbar epidural steroid injection and followup with [REDACTED] and [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (12 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of

treatment frequency plus active self-directed home physical medicine. Treatment for myalgia and myositis unspecified includes 9 to 10 visits over 8 weeks. Treatment for radiculitis includes 8 to 10 visits over 4 weeks. As per the clinical notes submitted, the patient has previously completed a course of physical therapy. The latest physical therapy evaluation note was submitted on 11/08/2013. The total duration of treatment is unknown. Despite ongoing therapy, the patient continued to report moderate lower back pain with activity limitation. There is no evidence of a significant functional improvement that would warrant the need for ongoing therapy at this time. Additionally, the current request for 12 sessions exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

**Electromyography (EMG) and nerve conduction velocity (NCV) testing for the lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Electrodiagnostic Studies

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests, may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the clinical notes submitted, the patient's physical examination only revealed 3+ tenderness to palpation with positive straight leg raising. There is no documentation of significant weakness, sensory deficit, or diminished reflexes. The medical necessity for the requested procedure has not been established. Therefore, the request is non-certified.

**A functional capacity evaluation (FCE):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluations

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including FCE, when reassessing function and functional recovery. As per the clinical notes submitted, there is no evidence of prior unsuccessful return to work attempts. There is also no evidence that this patient has reached or is close to maximum medical improvement. There is no evidence of a defined return to work goal or job plan, which has been established, communicated, and documented. Based on the clinical information received, the medical necessity for the requested service has not been established. Therefore, the request is non-certified.

**An MRI of the lumbar spine:** 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:** California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neurological or other soft tissue abnormality. As per the clinical notes submitted, the patient does not demonstrate significant neurological deficit upon physical examination. There is no indication of a significant change in the patient's symptoms. There is also no evidence of a failure to respond to recent conservative treatment, including medications, prior to the request for an imaging study. Based on the clinical information received, the medical necessity has not been established. Therefore, the request is non-certified.