MAXIMUS Federal Services

Case Number:	CM13-0034701		
Date Assigned:	01/17/2014	Date of Injury:	05/06/2013
Decision Date:	03/25/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/15/2013

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 Occupational Medicine 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 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 applicant is a represented [redacted] employee who has filed a claim for shoulder, arm, low back, and multifocal pain reportedly associated with an industrial injury of May 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; apparent diagnosis with an electrocution injury to the left hand; cervical spine series of May 6, 2013, interpreted as normal; cervical CT of May 6, 2013, also interpreted as normal; initial admission to hospital with IV fluid infusion; electrodiagnostic testing of July 1, 2013, interpreted as normal; and negative CT scan of the head of May 6, 2013, also interpreted as normal. In a Utilization Review Report of September 23, 2013, the claims administrator denied a request for eight sessions of physical therapy and denied request for electrodiagnostic testing of the bilateral lower extremities. The denial was based on the fact that earlier electrodiagnostic testing had been performed in July 2013, which was reportedly normal. The physical therapy denial was reportedly predicated on the fact that the applicant had reportedly not benefitted from prior unspecified amounts of physical therapy. The claims administrator stated that it was unknown as to how many prior therapy the applicant had had. The applicant's attorney later appealed. The claims administrator cited a variety of non-MTUS Guidelines in its physical therapy denial. A December 23, 2013 progress note is notable for comments that the applicant reports moderate 7/10 pain with associated weakness and numbness. The applicant reportedly has decreased function since the last visit. The applicant has no gross neurologic deficits noted, it is stated. Positive signs of internal impingement are noted about the shoulder with tenderness noted about the TMJ joint. The applicant is asked to obtain a dental consultation, shoulder MRI, and urology consultation while employing Naprosyn and Norco for pain relief. He is placed off of work, on total temporary disability. In a September 24, 2013 progress note, the applicant was described as having persistent low back pain with associated

numbness and weakness about the left leg and toes. Positive left-sided straight leg raising is noted. The attending provider wrote that one of the diagnoses include lumbar strain with left lower extremity radiculopathy with radiographic L5-S1 spondylolisthesis, confirmed on MRI scan. Electrodiagnostic testing was sought. The applicant was given a shoulder corticosteroid injection and asked to pursue further physical therapy. Operating diagnoses include left shoulder strain, low back strain, cervical strain, and five episodes of urinary incontinence. An earlier physical therapy note of July 31, 2013 is notable for comments that the applicant has had six sessions of physical therapy through that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS for the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The MTUS/ACOEM Guidelines in Chapter 12, Table 12-8, and EMG testing for a clinically obvious radiculopathy is "not recommended." As noted in the Third Edition ACOEM Guidelines on electromyography, nerve conducting testing can be employed to detect diagnosis which may mimic sciatica, such as peroneal compression neuropathy, generalized peripheral neuropathy, fibular neuropathy, etc. In this case, the attending provider has identified that the applicant has a confirmed lumbar radiculopathy associated with spondylolisthesis at L5-S1. If the diagnosis of lumbar radiculopathy is, per the attending provider, already clinically established and radiographically confirmed, electrodiagnostic testing to further establish the same is not indicated. Furthermore, there is no clearly voiced suspicion of any of the aforementioned diagnoses. The request for EMG/NCS for the bilateral lower extremities is not medically necessary and appropriate

Physical therapy twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1, 4, and 99.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, a general course of 8 to 10 sessions of treatment is recommended for neuralgia and/or radiculitis of various body parts; the diagnosis is present here. Chronic Pain Medical Treatment Guidelines states that chronic pain medical treatments apply if an applicant continues to have pain which persist beyond the anticipated time of healing. Based on the medical records provided for review the applicant has had six prior sessions of physical therapy. Physical therapy transpired during

the acute pain phase of the injury. The applicant had not had any prior treatment during the chronic pain phase of the injury. Given the applicant's marked deficits, multifocal pain complaints pertaining to the low back, left lower extremity, neck, shoulder, TMJ joint, superimposed urology and psychiatric issues associated with the electrocution injury; additional physical therapy would be indicate as reasonable and necessary. Additionally, medical records indicate that the applicant was off of work, on total temporary disability. The applicant had superimposed mental health issues. The patient was not making any strides as of the date of the Utilization Review Report. The request for physical therapy twice a week for four weeks is not medically necessary and appropriate.