

Case Number:	CM13-0035782		
Date Assigned:	12/13/2013	Date of Injury:	01/04/2012
Decision Date:	08/12/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 66-year-old male with date of injury of 01/04/2012. The listed diagnoses per [REDACTED] dated 08/08/2013 are status post blunt head trauma without loss of consciousness, facial contusions status post laceration of the lips, lumbar spine sprain/strain with radiculitis, lumbar spine diskogenic disease, lumbar spine myofascial pain syndrome, left hip sprain, right hip sprain/strain and osteoarthritis aggravated by industrial injury, status post right total hip replacement, weight loss due to appetite loss due to industrial injury pain, constipation, depression and insomnia. According to this report, the patient complains of headache, moderate pain in the bilateral hips, and pain in the lower back with some improvement noted. The patient also complains of depression and insomnia. The objective finding shows there is tenderness to palpation and palpable spasms over the paraspinal muscles in the lumbar spine. There is restricted range of motion and trigger points noted in the lumbar spine. There is some tenderness to palpation and no palpable spasms noted in the bilateral hips. There is restricted range of motion to the hips. There are no changes in the neurological examination. The patient is currently utilizing OxyContin 20 mg and topical medications for pain. The patient ambulates with the use of a cane. The utilization review denied the request on 10/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 (lumbar, right hip): 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: This patient presents with headache, bilateral hip pain, and low back pain. The provider is requesting 12 physical therapy sessions for the lumbar spine and right hip. The California MTUS Guidelines page 98 and 99 for physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The progress report dated 06/27/2013 documents; the patient will begin physical therapy for the lumbar spine and right hip three times a week for four weeks. The records do not show any recent or prior physical therapy reports to verify how many treatments the patient has received and with what results. In this case, it is unclear from the documents whether the patient has benefited from physical therapy. The California MTUS Guidelines page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain or improved quality of life. In this case, the provider failed to document function improvement while utilizing physical therapy. In addition, the requested 12 sessions in combination with the previous 12 that the patient received would exceed California MTUS recommendations. Therefore the request is not medically necessary.

EMG/NCV of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

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

Decision rationale: This patient presents with headache, bilateral hip pain, and low back pain. The provider is requesting an EMG/NCV of the bilateral upper extremities. However, based on the report dated 08/08/2013, the provider's request is for an EMG/NCV of the lower extremities. The RFA verifying this information was not included in the records. The ACOEM guidelines page 303 states, 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. In addition, ODG on NCV states not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. The 227 pages of records do not document any recent or prior EMG/NCV of the lower extremities. Given the patient's persistent back pain, EMG at the

least is indicated as per ACOEM. Given the patient's some radicular symptoms, NCV may be reasonable as well. Therefore the request is medically necessary.