

Case Number:	CM13-0038121		
Date Assigned:	03/28/2014	Date of Injury:	04/25/2013
Decision Date:	05/12/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/27/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 55-year-old male with a 4/25/13 date of injury. At the time (8/15/13) of request for authorization for EMG of the bilateral lower extremities, NCV of the bilateral lower extremities, and physical therapy 2 x week for 4 weeks, there is documentation of subjective (low back pain) and objective (slow gait, decreased lumbar spine range of motion in all planes, tenderness throughout the lumbar spine, 4/5 strength over the foot dorsiflexion and toe extension bilaterally, and decreased sensation over the right anterolateral thigh and distal leg) findings, current diagnoses (lumbago, lumbar disc displacement at L4-5, lumbosacral neuritis, and sprain of lumbar region), and treatment to date (medications). Medical report identifies a request to start physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, ELECTRODIAGNOSTIC STUDIES

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) Low Back, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnosis of lumbago, lumbar disc displacement at L4-5, lumbosacral neuritis, and sprain of lumbar region. In addition, given documentation of objective findings (4/5 strength over the foot dorsiflexion and toe extension bilaterally, and decreased sensation over the right anterolateral thigh and distal leg), there is documentation of radiculopathy. However, given documentation of the associated request for physical therapy, there is no documentation of failure of additional conservative treatment (physical therapy). Therefore, based on guidelines and a review of the evidence, the request for EMG of the bilateral lower extremities is not medically necessary.

NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK PROCEDURE SUMMARY

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) Low Back, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnosis of lumbago, lumbar disc displacement at L4-5, lumbosacral neuritis, and sprain of lumbar region. In addition, given documentation of objective findings (4/5 strength over the foot dorsiflexion and toe extension bilaterally, and decreased sensation over the right anterolateral thigh and distal leg), there is documentation of radiculopathy. However, given documentation of the associated request for physical therapy, there is no documentation of failure of additional conservative treatment (physical therapy). Therefore, based on guidelines and a review of the evidence, the request for NCV of the bilateral lower extremities is not medically necessary.

PHYSICAL THERAPY 2 X WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbosacral neuritis/radiculitis not to exceed 10-12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbago, lumbar disc displacement at L4-5, lumbosacral neuritis, and sprain of lumbar region. In addition, there is documentation of a request to start physical therapy. However, the requested physical therapy 2 x week for 4 weeks would exceed guidelines (for an initial six-visit clinical trial). Therefore, based on guidelines and a review of the evidence, the request for physical therapy 2 x a week for 4 weeks is not medically necessary.