MAXIMUS Federal Services

Case Number:	CM13-0038416		
Date Assigned:	12/18/2013	Date of Injury:	07/09/2013
Decision Date:	03/05/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/25/2013

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 and Rehabilitation, 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 patient is a 34-year-old male who reported an injury on 07/09/2013. The mechanism of injury was noted to be picking up a tool bag. His symptoms are noted to include persistent pain of the low back that radiates to the right lower extremity with numbness and tingling. Physical exam findings are noted as tenderness to palpation from the mid to distal lumbar segments, pain with terminal motion, positive seated nerve root test, and dysesthesia at the L4 and L5 dermatomes. He has been diagnosed with lumbar strain. The patient was noted to have completed 16 previous physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy.

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

Decision rationale: California MTUS Guidelines state that physical medicine is recommended as 9 to 10 visits over 8 weeks for patients with myalgia and myositis and 8 to 10 visits over 4 weeks for patients with neuralgia and radiculitis. The patient has been noted to have symptoms

of radiculitis; however, his recent objective findings were not consistent with radiculopathy, as there were no noted deficits to sensation, motor strength, or reflexes of the lower extremities. The patient was noted to have previously completed 16 physical therapy visits which exceed the guidelines for myalgia and neuralgia. As the medical information submitted for review failed to provide documentation of exceptional factors to warrant further physical therapy as the patient has already exceeded the guidelines for number of visits, the request is not supported. Therefore, the request is non-certified.

(EMG) Electromyography/Nerve Conduction Velocity Test (NCV): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, EMGs (electromyography) & Nerve conduction studies (NCS).

Decision rationale: According to ACOEM Guidelines, electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. More specifically, the Official Disability Guidelines state that electromyography is recommended as an option as it may be useful to obtain unequivocal evidence of radiculopathy, after 1 month on conservative therapy, but electromyographies are not necessary if radiculopathy is already clinically obvious. The guidelines also state that nerve conduction studies are not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical information submitted for review fails to show documentation of symptoms or objective findings related to the left lower extremity. Additionally, despite the patient's complaints of radicular pain into his right lower extremity, his recent physical examinations have failed to show significant objective findings consistent with radiculopathy. Therefore, the request is not supported. For this reason, the request is non-certified.