

Case Number:	CM13-0046172		
Date Assigned:	01/10/2014	Date of Injury:	09/26/2012
Decision Date:	03/31/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 Illinois. 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 55-year-old male who reported an injury on 09/26/2012 after throwing a piece of plywood. The patient reportedly sustained an injury to his shoulder and back. The patient's treatment history included medications, surgical intervention for the shoulder, and physical therapy. The patient underwent an EMG/NCV in 06/2013 that reported the patient had bilateral radiculitis of the right side in the L5-S1 dermatomes. The patient underwent a lumbar MRI on 11/03/2012 that documented the patient had multilevel disc bulges in the L3 through the S1. The patient's most recent clinical evaluation documented that the patient had tenderness to palpation along the lumbar musculature with motor strength deficits described as 4/5 with decreased sensation in the L4-5 and S1 dermatomes and a positive straight leg raising test. The patient's diagnoses included shoulder impingement syndrome, bilateral carpal tunnel syndrome, bilateral knee pain, and lumbar radiculopathy. The patient's treatment plan included MRI of the lumbar spine, an EMG/NCV of the bilateral lower extremities, and additional physical therapy for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: The requested MRI of the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient underwent an MRI in 11/2012. Official Disability Guidelines do not recommend repeat MRIs in the absence of documentation of progressive neurological deficit or a change in the patient's pathology. The clinical documentation submitted for review does not provide any evidence that the patient has had a progression of the patient's radicular symptoms since the prior MRI. Additionally, there is no documentation to support a significant change in the patient's pathology. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.

NCV/EMG of the lower extremities: 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 Chapter, Nerve Conduction Study (NCS).

Decision rationale: The requested NCV/EMG of the bilateral lower extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend the need for an EMG when radiculitis is clinically evident. The clinical documentation submitted for review does clearly establish that the patient's pain is radicular in nature. Additionally, Official Disability Guidelines do not recommend the use of an NCV when the diagnosis of radiculopathy has been clearly identified. Additionally, the patient recently underwent an electrodiagnostic study that included an NCV and an EMG in 07/2013. The clinical documentation did not provide any evidence of a significant change in the patient's clinical presentation to support the need for an additional electrodiagnostic study. As such, the requested NCV/EMG of the lower extremities is not medically necessary or appropriate.

12 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The requested 12 sessions of physical therapy is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has previously undergone extensive physical therapy for the lumbar and cervical spine. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled supervised therapy. The clinical documentation submitted for review does not provide any evidence that the patient has been transitioned into a home exercise program. Therefore, a short duration of

treatment to establish a home exercise program may be indicated for this patient; however, the requested 12 sessions would be considered excessive. As such, the requested 12 sessions of physical therapy is not medically necessary or appropriate.