

Case Number:	CM13-0066438		
Date Assigned:	01/03/2014	Date of Injury:	06/13/2007
Decision Date:	05/22/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/16/2013

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, 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 with a June 13, 2007 date of injury. At the time of the request for authorization for physical therapy three times a week for eight weeks for the lumbar spine and EMG/NCV of the bilateral lower extremities (November 13, 2013), there is documentation of subjective (increased low back pain and radicular symptoms with increased activities and prolonged sitting) and objective (decreased ROM [range of motion] with pain elicited on maneuvers, Kemp's test is positive bilaterally) findings, current diagnoses (status post L2 through S1 lumbar spine anterior/posterior fusion performed stage 1 on January 23, 2013 and stage 2 on January 28, 2013 and L1-2 3.7 mm disc protrusion effacing the thecal sac, moderate discogenic spondylosis at L1-2, facet arthrosis at L1-2), and treatment to date (physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR EIGHT WEEKS FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back, Physical Therapy (PT).

Decision rationale: The 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. The ODG recommends a limited course of physical therapy for patients with a diagnosis of radiculitis not to exceed 12 visits over eight weeks. The 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 status post L2 through S1 lumbar spine anterior/posterior fusion performed stage 1 on January 23, 2013 and stage 2 on January 28, 2013 and L1-2 3.7 mm disc protrusion effacing the thecal sac, moderate discogenic spondylosis at L1-2, facet arthrosis at L1-2. In addition, given documentation of subjective (increased low back pain and radicular symptoms with increased activities and prolonged sitting) and objective (decreased ROM with pain elicited on maneuvers, Kemp's test is positive bilaterally) findings, there is documentation of functional deficits and functional goals. However, there is no documentation of the number of physical therapy sessions completed to date and, if the number of sessions completed to date exceeds guidelines, a statement of exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation 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 with previous physical therapy. The request for physical therapy for the lumbar spine, three times a week for eight weeks, is not medically necessary or appropriate.

EMG/NCV OF 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 Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Low Back, Electrodiagnostic Studies.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice 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. The 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 diagnoses of status post L2 through S1 lumbar spine anterior/posterior fusion performed stage 1 on January 23, 2013, and stage 2 on January 28, 2013, and L1-2 3.7 mm disc protrusion effacing the thecal sac, moderate discogenic spondylosis at L1-2, facet arthrosis at L1-2. In addition, there is documentation of low back symptoms lasting more than three to four weeks. However, there is no documentation of objective evidence of radiculopathy. In addition, evidence based guidelines do not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The request for an EMG of the bilateral lower extremities is not medically necessary or appropriate.

NCV OF 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 Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Low Back, Electrodiagnostic Studies.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice 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. The 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 diagnoses of status post L2 through S1 lumbar spine anterior/posterior fusion performed stage 1 on January 23, 2013, and stage 2 on January 28, 2013, and L1-2 3.7 mm disc protrusion effacing the thecal sac, moderate discogenic spondylosis at L1-2, facet arthrosis at L1-2. In addition, there is documentation of low back symptoms lasting more than three to four weeks. However, there is no documentation of objective evidence of radiculopathy. In addition, evidence based guidelines do not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The request for an NCV of the bilateral lower extremities is not medically necessary or appropriate.