

Case Number:	CM14-0006548		
Date Assigned:	02/28/2014	Date of Injury:	09/24/2012
Decision Date:	09/16/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/17/2014

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:

The injured worker is a 33-year-old female who reported an injury on 02/22/2011. The mechanism of injury was not provided for the clinical review. The diagnoses included neck strain and low back pain. The previous treatments included medication and injections. Diagnostic testing included an MRI. Within the clinical note dated 12/12/2013, it was reported the injured worker complained of neck pain and low back pain. She rated her neck pain 9/10 in severity, and her low back pain 10/10 in severity. She reported her pain radiated to her lower extremities. Upon the physical examination, the provider noted tenderness to palpation of the C5-6 paravertebral muscles bilaterally. Provider noted the injured worker had mild pain with flexion and extension of the neck. The injured worker had tenderness to palpation of the L4, L5, and S1 paravertebral muscles bilaterally. The provider indicated the injured worker had negative straight leg raise bilaterally. The request submitted is for physical therapy, electromyogram (EMG) and nerve conduction velocity (NCV); however, a rationale is not provided for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for 8 physical therapy sessions is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion and decreased strength or flexibility. The request submitted does not specify a treatment site. There is lack of documentation indicating whether the injured worker has undergone previous sessions of physical therapy. Therefore, the request is not medically necessary.

EMG OF THE LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for EMG of the lower extremity is not medically necessary. The California MTUS/ACOEM Guidelines note electromyography, including H reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. There is lack of significant neurological deficits, such as decreased sensation or decreased motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.

NCV OF THE LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve Conduction Study.

Decision rationale: The request for NCV of the lower extremity is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction when the patient is presumed to have symptoms on the basis of radiculopathy. There is lack of significant documentation of neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.