

Case Number:	CM14-0006878		
Date Assigned:	02/07/2014	Date of Injury:	09/05/2013
Decision Date:	06/26/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/18/2014

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 Texas. 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 35-year-old female who reported an injury on 09/05/2013 after lifting a heavy object. The injured worker reportedly sustained an injury to her low back. The injured worker underwent an MRI on 11/01/2013. It was documented that the injured worker had mild facet arthrosis of the L5-S1 without significant canal or neural foraminal narrowing or nerve root impingement. The injured worker's treatment history included physical therapy and medications. The injured worker was evaluated on 12/16/2013. Physical findings included limited range of motion of the lumbar spine secondary to pain with 1/3 patellar tendon reflexes and Achilles tendon reflexes with normal motor strength and sensory examination. The injured worker's diagnoses included a lumbar sprain/strain. The injured worker's treatment plan included a neurological consultation to rule out lumbar radiculopathy and a request for authorization for electrodiagnostic studies. It was also recommended that the injured worker undergo a course of 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 (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: PHYSICAL THERAPY, PAGE 474

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

Decision rationale: The Chronic Pain Guidelines recommend that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. However, the clinical documentation does not indicate that the injured worker is participating in a home exercise program. Therefore, one to two (1-2) visits would be indicated for this patient to re-establish a home exercise program. However, the requested twelve (12) visits would be considered excessive. As such, the requested physical therapy three (3) times a week for four (4) weeks for the lumbar spine is not medically necessary or appropriate.

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL LOWER EXTREMITIES:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, LOW BACK COMPLAINTS: SPECIAL STUDIES AND DIAGNOSTIC AND TREATMENT CONSIDERATIONS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

Decision rationale: The MTUS/ACOEM Guidelines recommend electrodiagnostic studies of the lower extremities for injured workers who have nonfocal radiculopathy and require further investigation to delineate the effective levels. The clinical documentation submitted for review does indicate that the injured worker has already undergone a lumbar MRI. The MRI did not support any neural foraminal stenosis or canal stenosis or other neural impingement. Therefore, it is unclear how an additional electrodiagnostic study will contribute to the injured worker's treatment planning. As such, the requested electromyography of the bilateral lower extremities is not medically necessary or appropriate.

NEUROLOGICAL CONSULTATION TO RULE OUT LUMBAR RADICULOPATHY:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CONSULTATION

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, Page 163

Decision rationale: The ACOEM Guidelines recommend referrals when an injured worker's diagnosis is complicated and the prescribing physician has exhausted all treatment and diagnostic studies within their scope of practice and require additional expertise and treatment planning development. The clinical documentation submitted for review does not indicate that the injured worker requires an additional consultation. There is no support that the prescribing physician has

exhausted all levels of treatment and diagnostic studies within their scope of practice. As such, the requested neurological consultation to rule out lumbar radiculopathy is not medically necessary or appropriate.