

Case Number:	CM14-0102312		
Date Assigned:	07/30/2014	Date of Injury:	05/03/2013
Decision Date:	10/02/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/02/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 62 year old female who reported an injury on 05/03/2013 due to a trip and fall. The diagnoses include spasm of muscle, lumbar radiculopathy, cervical pain, post-concussion syndrome, and cervical facet syndrome. Past treatments have included physical therapy with mild relief, transcutaneous electrical nerve stimulator with moderate relief, and exercise with moderate relief. Diagnostic studies were not provided. No surgical history was provided. On the noted dated 05/22/2014, the injured worker complained of right sided neck pain, left buttock pain and left heel pain. She rated her pain as 5/10 and reported it did not radiate. Objective physical exam findings revealed the injured worker's lumbar spine range of motion was restricted with flexion limited to 40 degrees and extension limited to 20 degrees. Hypertonicity, spasm and tight muscle band were noted on palpation of the right paravertebral muscles. The straight leg raising test was negative. The injured worker's medications included Naprosyn 500mg and Tramadol 50mg as needed for pain. The treatment plan included 12 sessions of physical therapy for stretching, stabilization and core strengthening, including a home exercise program. The rationale for the EMG/NCS was to evaluate for lumbar radiculopathy versus peripheral neuropathy. The rationale for the request for a lumbar MRI was not provided. The Request for Authorization was submitted 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers Compensation

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

Decision rationale: The request for physical therapy 12 visits is not medically necessary. The CA MTUS Guidelines recommend 8-10 visits over 4 weeks for radiculitis with the fading of treatment frequency, plus active self-directed home physical medicine. The medical records provided indicate the injured worker completed physical therapy in the past with only mild relief. The injured worker's lumbar spine range of motion was restricted with flexion limited to 40 degrees and extension limited to 20 degrees. There is a lack of documentation regarding the prior therapy to verify the number of sessions completed and functional improvements made. In addition, the submitted request does not specify the frequency or site of treatment. Furthermore, the request for 12 additional physical therapy visits exceeds the guideline recommendations. As such, the request for physical therapy 12 visits is not medically necessary.

EMG (Electromyography)/NCS (nerve conduction study) of the bilateral lower extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers Compensation Low Back Procedure Summary last updated 03/31/2014

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: The request for EMG (Electromyography)/NCS (nerve conduction study) of bilateral lower extremities is not medically necessary. The CA MTUS/ACOEM Guidelines specify that electromyography (EMG) may be useful to identify neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The Official Disability Guidelines (ODG) further state, EMGs may be useful to obtain evidence of radiculopathy after 1 month of conservative therapy. The guidelines state that nerve conduction studies are not recommended for low back conditions. The injured worker reported pain from her left lumbar region to her buttock. Physical exam findings included 4/5 strength in the left lower extremity, intact deep tendon reflexes, and negative straight leg raising. There is no indication of any significant neurologic deficits. There is a lack of documentation regarding the failure of a recent trial of conservative care. In addition, the guidelines do not recommend nerve conduction studies for low back conditions. As such, the request for EMG (electromyography)/NCS (nerve conduction study) of the bilateral lower extremities is not medically necessary.

