Case Number:	CM14-0105897		
Date Assigned:	07/30/2014	**Date of Injury:**	07/12/2012
Decision Date:	10/02/2014	**UR Denial Date:**	06/20/2014
Priority:	Standard	**Application Received:**	07/09/2014

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 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 46-year-old female who sustained an injury on 07/12/2012. She stated that she immediately experienced lower back and ankle pain. A progress report dated 11/14/13 indicated the patient previously attended physical therapy which provided temporary relief. The physical examination revealed diminished sensation; however, this did not appear to be progressive. The patient reported lumbar pain with radiation to both lower extremities, right greater than left. Examination showed spasm and tenderness in the paravertebral musculature, decreased lumbar flexion and extension, with diminished sensation over the right L4, L5, and S1 dermatomes. The treating diagnoses included thoracic or lumbosacral neuritis or radiculitis, unspecified. MRI examination of the lumbar spine on 08/23/12 showed a 3 mm broad based disc bulge extending into the inferior recess of both neural foramina at L3-L4, causing no significant neural foraminal narrowing or canal stenosis. There was a 2 mm disc bulge at LS-Sl causing no significant neural foraminal narrowing or canal stenosis. There was degenerative disc disease at L3-L4 and LS-S. EMG/NCV testing dated 09/24/12 revealed no electromyographic evidence of entrapment neuropathy in the lower extremities. Electromyography indicators of acute lumbar radiculopathy were not seen. The request for EMG of the bilateral lower extremities and NCV of the bilateral lower extremities was denied on 06/20/14 as it is not medically necessary.The request for UR for 12 sessions of physical therapy for the lumbar spine (3x4) was modified on 06/20/14 to 6 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyogram) of the bilateral lower extremities: Upheld

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

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

Decision rationale: As per ODG, EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case, this IW was clinically diagnosed with lumbar radiculitis. Furthermore, there is no evidnce of progression or worsening of the symptoms. The EMG study was previously performed in 2012 which did not show radiculopathy. Thus, the medical necessity for repeat EMG has not been established and the request is non-certified.Per ACOEM guidelines, Electrodiagnostic studies which must include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). Indications are: Failure to resolve or plateau of suspected radicular pain without resolution after waiting 4 to 6 weeks (to provide for sufficient time to develop EMG abnormalities as well as time for conservative treatment to resolve the problems), equivocal imaging findings such as CT or MRI, and suspicion by history and physical examination that a neurologic condition other than radiculopathy may be present instead of or in addition to radiculopathy. In this case, there is no significant evidence of radicular symptoms such as pain, numbness or weakness in the lower extremities. There is no equivocal evidence in the imaging studies to warrant a confirmation by Electrodiagnostic studies. There is no documentation of trial of conservative management such as PT or NSAIDs. Therefore, the medical necessity of the request is not established per guidelines.

NCV (nerve conduction velocity) of the bilateral lower extremities: Upheld

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

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

Decision rationale: Per ODG guidelines, "there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." On the other hand, NCS is recommended to differentiate between radiculopathy and neuropathies. In this case, there is clinical evidence of lumbar radiculopathy, where EMG studies are indicated. However, the records indicate that the injured worker has already had Electrodiagnostic study on 9/24/12, which was negative for radiculopathy or neuropathy. Furthermore, there is no documentation of a new injury or worsening / progression of symptoms. There is no clinical evidence of neuropathy. Therefore, the medical necessity of the request for repeat NCS is not established based on the available clinical information and per guidelines.

(12) sessions of physical therapy for the lumbar spine (3 times 4): 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9 visits over 8 weeks intervertebral disc disorders without myelopathy, 10 visits over 8 weeks for Lumbar sprains and strains, or Lumbago / Backache. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant additional treatments. Additional PT visits will exceed the guidelines. Therefore, the request is not medically necessary or appropriate in accordance with the guidelines.