

Case Number:	CM14-0108333		
Date Assigned:	08/01/2014	Date of Injury:	04/28/1998
Decision Date:	09/09/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/11/2014

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 Management 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:

This is a patient with a date of injury of 4/28/98. A utilization review determination dated 7/7/14 recommends non-certification of psychology consultation, EMG/NCV ((Electromyogram/ Nerve conduction velocity) of LLE (Lower Limb Extremities), and cervical ESI. EMG/NCV of LUE was certified. PT(Physical Therapy) was modified from a frequency and duration not specified to 1 session. It noted a teleconference with the provider that identified decreased strength and sensation LUE. PT was done in the past and the provider felt that at least 1 sessions of PT would be useful for reinstruction in a home exercise program. 6/12/14 medical report identifies increased low back and neck pain, 3.5/10 with medications and 9/10 without. Current pain is 7.5/10. On exam, there is cervical and lumbar paraspinal tenderness, positive SLR bilaterally, unspecified decreased strength LUE, unspecified decreased sensation LUE, DTR 1+ left triceps and 2+ right triceps, and palpable band of taut muscle with positive twitch response and referred pain in the left shoulder. Recommendations include psychological care, upper and lower extremity EMG/NCV, PT, and CESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a psychologist (lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 100-102 of 127 Page(s): 100-102 OF 127.

Decision rationale: Regarding the request for psychological consultation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Within the documentation available for review, there are no symptoms or findings identified that are suggestive of the need for psychological consultation and no clear rationale for the request has been presented. In the absence of such documentation, the currently requested psychological consultation is not medically necessary.

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 9792.20-9792.26 and 46 of 127 Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for physical therapy, California MTUS supports up to 10 PT sessions and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. The previous utilization reviewer noted that, in teleconference with the provider, at least one session of PT was requested for reinstruction in a home exercise program. The utilization reviewer modified the request from an unspecified amount of PT to a single session for the purpose of refreshing the patient's HEP; however, unfortunately, there is no provision for modification of the current request to allow for a short course of PT for that purpose. In light of the above issues, the currently requested physical therapy is not medically necessary.

Physical therapy (lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC Low Back Procedure Summary last updated 07/03/2014 (Physical therapy).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98-99 of 127 Physical Medicine Page(s): 98-99 OF 127.

Decision rationale: Regarding the request for physical therapy, California MTUS supports up to 10 PT sessions and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. The previous utilization reviewer noted that, in teleconference with the provider, at least one session of PT was requested for reinstruction in a home exercise program. The utilization reviewer modified the request from an unspecified amount of PT to a single session for the purpose of refreshing the patient's HEP; however, unfortunately, there is no provision for modification of the current request to allow for a short course of PT for that purpose. In light of the above issues, the currently requested physical therapy is not medically necessary.

EMG/NCV of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Low Back Procedure Summary last updated 07/03/2014 (nerve conduction studies).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG/NCV of the left lower extremity, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no findings consistent with focal neurologic dysfunction in the lower extremities, with only nonspecific findings (positive SLR) bilaterally. Additionally, there are no findings suggestive of peripheral neuropathy or another clear indication for the NCV portion of the testing. In light of the above issues, the currently requested EMG/NCV of the left lower extremity is not medically necessary.