

Case Number:	CM14-0014580		
Date Assigned:	06/04/2014	Date of Injury:	12/26/2010
Decision Date:	07/11/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/05/2014

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 Minnesota. 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 51 year old female with a reported date of injury on 12/26/2010. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include bilateral shoulder tendonitis, chronic neck pain and upper extremity pain, cervical disc herniation at C5-6 with radicular symptoms, depression, left sacroiliac joint dysfunction, lumbar disc protrusion L1-5, L2-3, L3-4, and L4-5, and status post right carpal tunnel release. Her previous treatments include medications and injections. An operative note dated 12/13/2013 reported the injured worker received a left sacroiliac joint injection with contrast. The progress note dated 01/15/2014 reported the injection helped 20% of her pain pattern. The injured worker reported she felt the same and continued to have lower back pain worse with rotation and extension. The physical examination performed revealed knee and ankle reflexes intact and symmetrical, Babinski sign negative, detailed sensory examination of the lower extremities, testing dermatome L1 to S1 was normal, and detailed motor examination of the lower extremities testing roots from L1 to S1 was normal with all muscle groups testing 5/5. The provider reported the injured worker had decreased range of motion to the lumbar spine. The request of authorization form was not submitted within the medical records. The requests are for 12 sessions of physical therapy within the low back due to the fact that the injured worker is injured and demonstrated a loss of range of motion and needed to gain further strength in order to enhance the healing process. The electromyography and nerve conduction velocity to the left lower extremity request is due to pain in the lower lumbar region with radiation towards the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PHYSICAL THERAPY: Upheld

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

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

Decision rationale: There is a lack of evidence regarding previous physical therapy visits for the injured worker. The MTUS Chronic Pain Guidelines recommend active therapy 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 state active therapy requires an effort by the individual to complete a specific exercise or task. The MTUS Chronic Pain Guidelines recommend for myalgia/myositis 9 to 10 visits over 8 weeks. There is a lack of documentation regarding the current measurable objective functional deficits such as range of motion and there is a lack of documentation regarding previous physical therapy visits. The MTUS Chronic Pain Guidelines recommend 9 to 10 visits over 8 weeks, which the request for 12 sessions of physical therapy exceeds. Therefore, due to lack of current measurable objective functional deficits and a lack of documentation regarding previous treatments and/or number of previous physical therapy sessions, the request is not medically necessary and appropriate.

EMG LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition Web 2011.

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

Decision rationale: The ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who did not respond to treatment and who would consider surgery an option. The ACOEM Guidelines states when the neurological exam is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The ACOEM Guidelines states electromyography, including H-reflex test, may be used to identify subtle, focal neurological dysfunction in injured workers with low back symptoms lasting more than 3 to 4 weeks. The documentation provided reported the deep tendon reflexes were intact and symmetrical, the sensory examination testing dermatomes L1 to S1 were normal, and detailed motor examination of the lower extremities testing L1-S1 was normal with all muscle groups testing 5/5. Therefore, there is a lack of documentation regarding neurological deficits that would warrant electromyography at this time. The request is not medically necessary and appropriate.

NCV LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition Web 2011.

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 studies.

Decision rationale: The injured worker has a lack of documentation with regards to radiculopathy. The Official Disability Guidelines do not recommend nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The ODG state that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. There is a lack of documentation regarding neurological deficits on examination to support the necessity of the requested NCV. The ODG also do not recommend a nerve conduction study to the lumbar spine. Therefore, the nerve conduction velocities are not warranted at this time. Therefore, the request is not medically necessary and appropriate.