

Case Number:	CM14-0117314		
Date Assigned:	08/04/2014	Date of Injury:	12/24/2008
Decision Date:	09/16/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 a 64 year old male who sustained an injury to his low back on 12/24/08. Plain radiographs of the sternum dated 02/27/14 revealed no acute fracture or malalignment; no evidence of joint dislocation; joint spaces well maintained; soft tissues unremarkable. Clinical note dated 06/12/14 reported that the injured worker complained of right shoulder pain radiating down his arm with difficulty raising his arm. The injured worker underwent right shoulder surgery times two in the past and also had residual hand pain, numbness and altered sleep pattern. The injured worker also complained of chronic low back pain and no new symptoms, although back pain seemed "worse" over the past few weeks. There was no recent detailed physical examination of the lumbar spine provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) - Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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 chapter, EMGs (electromyography).

Decision rationale: The request for EMG of the lumbar spine is not medically necessary. Previous request was denied on the basis that there were no acute neurological or orthopedic findings indicating a need for EMG/ nerve conduction study (NCS). There was no information as to whether or not there have been any acute changes in his low back or lower extremities symptoms. There was no information as to any prior EMG performance and there is no diagnostic studies including MRI or CT scans that would indicate acute pathologic condition that would require EMG. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information that would support reversing the previous adverse determination.

Six (6) Sessions of Aquatic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The request for six visits of aquatic therapy is not indicated as medically necessary. Previous request was denied on the basis that there was no evidence of any acute neurological or orthopedic impairment of specific functional impairments that would require physical therapy. There was no information as to when the injured worker last had any physical therapy and what the efficacy was. There was no information indicating any other treatments for the lumbar spine. There was no indication for the injured worker relative to lumbar spine or same ongoing complaints that have been present for almost six years. There was no additional significant objective clinical information provided for review that would support exceeding the CA MTUS recommendations either in frequency or duration of aquatic therapy visits. There was no information provided that would indicate the injured worker has a comorbidity that would inhibit them from participating in traditional land based physical therapy. Given this, the request for six visits of aquatic therapy is not indicated as medically necessary.