

Case Number:	CM14-0157532		
Date Assigned:	09/30/2014	Date of Injury:	02/06/2014
Decision Date:	10/28/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/25/2014

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 Interventional Spine 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 patient is a 64 years old female with an injury date on 02/06/2014. Based on the 07/15/2014 hand written progress report provided by [REDACTED], the diagnoses are: 1. Cervical sprain2. Sprain Lumbar spine3. Shoulder impingementAccording to this report, the patient complains of pain and stiffness in the right shoulder and low back pain. Tenderness to palpation is noted over the right shoulder and lumbar spine. Range of motion of the lumbar spine is restricted. Motor strength of the right quads is a 4/5. The 05/13/2014 report indicated that the patient had a MRI of the lumbar spine done in February 2014; report was not included in the file for review. The patient complains of low back pain that radiates down the legs to the feet. Pain is rated as an 8/10. Prolonged walking, standing or sitting more than 20 minutes would aggravate the pain. The patient walks with an uneven gait and uses a cane and walker to ambulate. There were no other significant findings noted on this report. The utilization review denied the request on 09/09/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/18/2014 to 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG: low back chapter, MRI

Decision rationale: According to the 07/15/2014 report by [REDACTED] this patient presents with pain and stiffness in the right shoulder and low back pain. The treater is requesting MRI of the lumbar spine. Regarding repeat MRI study, ODG states "is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Review of the reports 02/18/2014 to 07/15/2014 shows no discussion as to why the patient needs an updated MRI of the lumbar spine. There is no neurologic deterioration such as progressive weakness; no red flags such as bowel bladder symptoms, suspicion for tumor, infection, fracture; no significant change in examination; no new injury to warrant an updated MRI. The request is not medically necessary.

EMG bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: According to the 07/15/2014 report by [REDACTED] this patient presents with pain and stiffness in the right shoulder and low back pain. The treater is requesting EMG bilateral lower extremities. The treating physician's report and request for authorization containing the request is not included in the file. Regarding electrodiagnostic studies of lower extremities, ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. Review of reports do not show any evidence of EMG being done in the past. In this case, the treater has requested for an EMG of the bilateral lower extremities and the guidelines support it. The request is medically necessary.

NCS bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61.

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

Decision rationale: According to the 07/15/2014 report by [REDACTED] this patient presents with pain and stiffness in the right shoulder and low back pain. The treater is requesting NCS bilateral lower extremities. The treating physician's report and request for authorization containing the request is not included in the file. Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. ODG does not support NCV studies for

symptoms that are presumed to be radicular in nature. Review of reports do not show any evidence of NCV being done in the past. In this case, the patient's leg symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy. The request is not medically necessary.

Physical therapy 2 times a week for 6 weeks, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Excessive Therapy: Page(s): 98, 99, 8.

Decision rationale: According to the 07/15/2014 report by [REDACTED] this patient presents with pain and stiffness in the right shoulder and low back pain. The treater is requesting Physical therapy 2 times a week for 6 weeks. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of records from 06/11/2014 to 07/02/2014 shows the patient has had completed 7 sessions of physical therapy. However, the treater does not discuss the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Furthermore, the requested 12 additional sessions exceed what is allowed per MTUS. The request is not medically necessary.