

Case Number:	CM14-0167398		
Date Assigned:	10/14/2014	Date of Injury:	04/22/2014
Decision Date:	11/17/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/10/2014

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 Family Practice and is licensed to practice in Ohio. 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 58-year-old female who developed low back pain and right hip pain on 4-22-2014 while bending over a client who was in a low bed. She complains of low back pain primarily. There does not seem to be a radicular component to her pain. Her physical exam reveals full range of motion at times and limited range of motion at other times of the lumbar spine, with mild to moderate lumbar paravertebral musculoskeletal hypertonicity. The straight leg raise exam has at times been negative and at other times positive bilaterally. There has been mild numbness over the left thigh and lateral calf. An MRI scan of the lumbar spine revealed mild spondylosis at L4-L5 and L5-S1 and a 2 mm posterior disc bulge at L5-S1 which was contained within the ventral epidural fat. She has been primarily receiving Tylenol, naproxen, and Flexeril for pain. It appears that she has had 14 total physical therapy sessions. She was evaluated by an orthopedic surgeon the thought that she was not a surgical candidate. She was evaluated by pain management and on July 22, 2014 at an epidural steroid injection bilaterally to the S1 nerve root. Following this injection her pain seemed to intensify.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Physical Therapy

Decision rationale: The Official Disability Guidelines allow for physical therapy up to 12 sessions over an eight week period for sciatica. The injured worker has had 14 sessions of physical therapy over a five-month course without apparent improvement. The guidelines call for the assessment of progress after six visits. It was clear from the first round of physical therapy, which consisted of six visits, that the injured worker was not at all improved. Because the injured worker has had 14 sessions of physical therapy within a relatively short timeframe, the request for additional four Physical therapy visits is not medically necessary as she has shown no improvement.

Nerve conduction velocity (NCV) / Electromyography (EMG): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (NCS) and EMGs (electromyography)

Decision rationale: 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 situation, electromyogram would be appropriate given that the presence of a radiculopathy is possible but not clinically obvious. However, nerve conduction velocity testing of the lower extremities is not recommended. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Because the request for EMG/NCS is bundled, the combination request of Nerve conduction velocity (NCV) / Electromyography (EMG) is not medically necessary and appropriate for the reasons cited above.

Ortho consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Office Visits

Decision rationale: Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a

critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this instance, the injured worker had already established care with an orthopedic surgeon. There seems to be no disagreement about the orthopedic surgeon's findings, namely that surgery was not necessary. Therefore, ortho consult is not medically necessary and appropriate.

Pain management consult: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Office visits

Decision rationale: Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this instance, it is clear from the medical record that the provider requesting a pain management consultation is concerned that the first pain medicine consultant had an unsuccessful outcome following an epidural steroid injection. There was concern that the injured worker had an untoward reaction to an intervention provided by the first consultant. Therefore it seems that the referring provider is seeking an alternative consultation on the basis of an adverse outcome. Therefore, Pain management consult is medically necessary and appropriate.