

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0034121 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 09/20/2013 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 03/04/2014 |
| Priority: | Standard | Application Received: | 03/18/2014 |

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 Illinois. 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 32-year-old female with a reported date of injury of 09/20/2013. The mechanism of injury was reported as a fall. The injured worker presented with complaints of low back pain and left ankle pain. The injured worker rated her pain at 8-9/10. Upon physical, lumbosacral spine range of motion revealed flexion to 20 degrees, extension to 5 degrees, and lateral flexion to 10 degrees, bilaterally. In addition, the injured worker presented with a positive straight leg raise bilaterally. The motor strength of the lower extremity on the right was marked at 4/5 and the left was 5/5. In addition, the clinical documentation indicated the injured worker's sensation was intact to light touch, pinprick, and 2 point discrimination in the bilateral lower extremities. The clinical note dated 11/12/2013, revealed lumbar x-rays within normal limits. The clinical information indicated the injured worker previously underwent a lumbar MRI and physical therapy, the results of which were not provided within the documentation available for review. The injured worker's diagnoses includes thoracic musculoligamentous sprain/strain, lumbosacral sprain/strain with radiculitis, and lumbosacral spine discogenic disease. The injured worker's medication regimen included Norco and Soma. The Request for Authorization for physical therapy; three times a week for four weeks and an EMG/NCS of the bilateral lower extremities was not submitted. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back Procedure Summary.

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

Decision rationale: The California MTUS Guidelines state physical medicine is recommended as indicated. Active therapy is 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 injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, the guidelines recommend 8 to 10 visits over 4 weeks. The clinical documentation provided for review indicates the injured worker previously participated in physical therapy, the results of which were not provided within the documentation available for review. The request for an additional 12 weeks of physical therapy exceeds the recommended guidelines. Therefore, the request for physical therapy 3 times a week for 4 weeks is not medically necessary and appropriate.

EMG/NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC.

Decision rationale: The California ACOEM guidelines state electromyography may be useful to identify subtle, focal neurological dysfunction in injured workers with low back symptoms lasting 3 or 4 more weeks. The clinical objective findings that identify specific nerve compromise in the neurological examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment or who would consider surgery an option. When the neurological examination is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. In addition, the Official Disability Guidelines state that nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. EMGs/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 Electromyography (EMG)/Nerve Conduction Study (NCS). There is a lack of documentation provided related to the injured worker's reflexes or decreased sensation. The injured worker's motor strength was rated at 4/5 and 5/5 on the right and left, respectively. In addition, the sensation examination revealed that sensation was intact to light touch, pinprick, and 2 point discrimination of the bilateral lower extremities. In addition, there is a lack of documentation related to prior physical therapy. Therefore, the request for EMG/NCS of the bilateral lower extremities is not medically necessary and appropriate.