

Case Number:	CM14-0035976		
Date Assigned:	06/23/2014	Date of Injury:	09/27/2013
Decision Date:	07/21/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/24/2014

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 Pain Management 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:

This is a patient with a date of injury of 9/27/13. A utilization review determination dated 2/25/14 recommends non-certification of PT, MRI lumbar spine, and EMG/NCV BLE. 12 PT sessions had been completed to date. 2/13/14 medical report identifies cervical, thoracic, lumbar, right shoulder, right foot, and right heel 8/10. Low back pain, "N/T of UE/LE on L." Remaining findings are mostly illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, 87-88; Chap. 3 p. 49; Chap 6 pp. 113-114; Chap 12 p. 289, Chronic Pain Treatment Guidelines Physical Therapy Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (EFFECTIVE JULY 18, 2009) PHYSICAL MEDICINE Page(s): 98-99 OF 127.

Decision rationale: Regarding the request for physical therapy, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available

for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of such documentation, the currently requested physical therapy is not medically necessary.

Magnetic Resonance Imaging (MRI) lumbar spine: 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)-Lumbar Spine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Regarding the request for lumbar MRI, the California MTUS and ACOEM state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam or another clear rationale for the use of an MRI in the absence of findings suggestive of radiculopathy. In light of the above issues, the currently requested lumbar MRI is not medically necessary.

Electromyography (EMG) bilateral lower extremities: Upheld

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 based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, ELECTRODIAGNOSTIC STUDIES.

Decision rationale: Regarding the request for EMG of the lower extremities, California MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise. In the absence of such documentation, but currently requested EMG of the lower extremities is not medically necessary.

Nerve Conduction Velocity (NCV) bilateral lower extremities: Upheld

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 based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, ELECTRODIAGNOSTIC STUDIES.

Decision rationale: Regarding the request for NCV of the lower extremities, the CA MTUS does not specifically address the issue. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific peripheral nerve compromise. In the absence of such documentation, but currently requested NCV of the lower extremities is not medically necessary.