

Case Number:	CM14-0044787		
Date Assigned:	06/23/2014	Date of Injury:	03/08/2012
Decision Date:	07/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 injured worker is a 37-year-old male who reported an injury on 03/08/2012. Prior therapies included medications, physical therapy, chiropractic care, lumbar support braces, as well as injections. Documentation dated 02/20/2014 revealed the injured worker's pain was a 7/10. The injured worker indicated he had objective improvement including greater range of motion and improved tolerance to exercise and activity. The objective findings revealed tenderness to the lumbar spine, with decreased lumbar range of motion. It was indicated the lower extremity and upper extremity neurologic evaluation was essentially unchanged. The injured worker had spasms of the lumboparaspinal musculature. The diagnoses included lumbar radiculopathy secondary to L4-5 and L5-S1 protrusion treatment and disproportionate neurologic findings in the bilateral lower extremities. The treatment plan included an updated MRI of the lumbar spine, an electromyography (EMG)/ nerve conduction velocity (NCV) of the bilateral upper and lower extremities, and physical therapy 3 times a week for 4 weeks. It was indicated the injured worker remained deconditioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Slings positional MRI of lumbar spine between 2/20/2014 and 4/26/2014: 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) Low Back Chapter, MRI.

Decision rationale: The Official Disability Guidelines indicate repeat MRIs are reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The clinical documentation submitted for review failed to provide documentation of the above criteria. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 1 singles positional MRI of lumbar spine is not medically necessary.

1 EMG of bilateral upper LE between 2/20/2014 and 4/26/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The ACOEM guidelines indicate that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review indicated the injured worker's neurologic evaluation was essentially unchanged. However, it was indicated the request was for an updated EMG/NCV of the bilateral upper extremities. There was a lack of documentation indicating the injured worker had changes to support the necessity for a repeat EMG. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 1 EMG of bilateral upper and lower is not medically necessary.

12 Physical therapy sessions of lumbar spine between 2/20/2014 and 4/26/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for a maximum of 8 to 10 visits for radiculitis. The clinical documentation indicated the injured worker had utilized physical therapy previously; however there was a lack of documentation of objective functional benefit as well as the quantity of sessions attended. There was a lack of documentation of objective functional deficits to support the necessity for further treatment and the request for 12 sessions would be excessive. Given the above, the request for 12 physical therapy sessions of lumbar spine is not medically necessary.

1. NCV of bilateral upper LE between 2/20/2014 and 4/26/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review indicated the injured worker's neurologic evaluation was essentially unchanged. However, it was indicated the request was for an updated EMG/NCV of the bilateral upper extremities. There was a lack of documentation indicating the injured worker had changes to support the necessity for a repeat NCV. There was no documentation of a peripheral neuropathy condition that existed in the bilateral upper extremities and there was no documentation specifically indicating a necessity for both an EMG/NCV. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 1 NCV of bilateral upper and lower extremity is not medically necessary.