

Case Number:	CM14-0046214		
Date Assigned:	07/02/2014	Date of Injury:	03/16/2001
Decision Date:	08/12/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/14/2014

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 Neurologist, and is licensed to practice in Texas, Massachusetts and 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 69-year-old male who reported an injury on 03/16/2001. The mechanism of injury was cumulative trauma. The prior treatments included; physical therapy and chiropractic treatments as well as electrical stimulation. The injured worker underwent epidural steroid injections. The injured worker underwent 6 left knee surgeries and a right knee partial medial meniscectomy, chondroplasty and medial femoral condyle surgery on 12/05/2006. Documentation of 03/06/2014 revealed the injured worker complained of discomfort affecting the lumbar spine. The injured worker had a new discomfort of cramping affecting his right calf and persistent paresthesia and aching type of pain affecting the anterior aspect of the right thigh. The injured worker indicated that he had no significant change after physical therapy treatments except possibly some transient improvement. The physical examination revealed the injured worker assumed a wide based stance to flex his lumbar spine and he supported himself with his hands on his legs while leaning forward at about 30 degrees. The injured worker reported pain on recovery from flexion. There was discomfort at the lumbosacral junction, bilaterally with paraspinal spasms on both legs. The straight leg raise was positive at 40 degrees and caused increased lower back pain. The injured worker reported altered sensation in the anterior lateral aspect of the right thigh. There was a symmetric decrease in sensation in the lower distal 2/3 of both legs. The diagnoses included; L4-L5 and L5-S1, disc degeneration with the L5-S1 extrusion, back pain and radiculopathy. The treatment plan included physical therapy and an EMG/nerve conduction velocity. The documentation indicated the injured worker's referral to the therapy clinic where he had 3 treatments was a mistake and was not close to his home. Additionally, it was indicated the injured worker had not had electrodiagnostic studies previously and had the status of radiculopathy. As such, the request for an EMG was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy visits for the back (quantity eight): 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 Page(s): 98, 99.

Decision rationale: The California MTUS Guidelines recommend treatment for neuralgia, neuritis, and radiculitis of 8 to 10 visits over 4 weeks. The clinical documentation submitted for review indicated the injured worker had multiple sessions of physical therapy previously. The documentation indicated the 3 sessions that were attended were non-beneficial. The injured worker should be well versed in a home exercise program. There is lack of documentation of objective functional deficits to support the necessity for further physical therapy. Given the above, the request for physical therapy visits for the back is not medically necessary. The ACOEM Guidelines indicate that electromyography including H-reflex tests may be useful to identify subtle focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The clinical documentation submitted for review indicated the request was made due to the radiation of new discomfort of cramping affecting the right calf and persistent paresthesia aching type of pain affecting the anterior aspect of the thigh. Additionally, the request was made to ascertain the status of the injured worker's radiculopathy. The request as submitted failed to indicate whether it was a unilateral or bilateral request. Given the above, the request for electromyography, EMG lumbar spine is not medically necessary.

Electromyography (EMG) lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There should be documentation of 3 - 4 weeks of conservative care and observation. The clinical documentation indicated the injured worker had objective findings upon physical examination to support the diagnosis of radiculopathy. Testing is not necessary when the clinical examination supports the diagnosis of radiculopathy. The submitted request indicated the laterality for the testing. Given the above, the request for Electromyography (EMG) lumbar spine is not medically necessary.

Nerve conduction study (NCS) lumbar spine: 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 Chapter, Nerve Conduction Studies.

Decision rationale: The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There was no documentation of a peripheral neuropathy condition that existed and there is no documentation specifically indicating a necessity for both an EMG and nerve conduction velocity. Additionally, the request as submitted failed to indicate the laterality for the requested nerve conduction study. Given the above, the request for nerve conduction study for lumbar spine is not medically necessary.