

Case Number:	CM14-0048105		
Date Assigned:	07/02/2014	Date of Injury:	01/08/2010
Decision Date:	09/05/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/16/2014

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 1/8/10. A utilization review determination dated 4/2/14 recommends non-certification of aquatic therapy and EMG/NCV (Electromyography / Nerve Conduction Velocity) BLE (Bilateral Lower Extremity). 3/7/14 medical report identifies headaches as well as pain in multiple body parts including neck, buttocks, hands, jaws, eyes, back, chest, shoulders, forearms, elbows, wrists, ankles, and hips. There is weakness, numbness, giving way, locking in legs, grinding in knees, and swelling in hands. Pain radiates to the fingers and thigh. On exam, there is lumbar tenderness with positive SLR. ROM is mildly restricted due to pain. Recommendations include cervical spine MRI, EMG/NCV BLE, aquatherapy, and rheumatology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy Two Times A Week For Four Weeks Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that up to 10 sessions of aquatic therapy are recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation of failure of a land-based independent home exercise program and a rationale identifying why the patient would require therapy in a reduced weight-bearing environment rather than land-based treatment. In the absence of such documentation, the currently requested aquatic therapy two times a week for four weeks for Lumbar Spine is not medically necessary.

Nerve Conduction Velocity: 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 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, 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 suggestive of peripheral neuropathy or another rationale for the use of nerve conduction velocity testing. In the absence of such documentation, but currently requested NCV of the lower extremities is not medically necessary.

Electromyography of Bilateral Extremities: 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 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, CA 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 with the only documented finding being a nonspecific positive SLR with no mention of which side(s) was/were positive and the type of pain experienced by the patient. In the absence of such documentation, but currently requested EMG of the lower extremities is not medically necessary.