

<b>Case Number:</b>	CM14-0069632		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/29/2002
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 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 56-year-old female with a reported date of injury on 01/29/2002. The injury reportedly occurred when a clothes rounder fell on her arm. Her diagnoses were noted to include lumbago with left leg sciatica, status post left ulnar nerve decompression, and cervicgia with upper extremity radiculopathy. Her previous treatments were noted to include surgery and medications. The progress note dated 04/04/2014 revealed complaints of neck pain and bilateral arm numbness. The injured worker complained of low back and left elbow pain. The physical examination of the left elbow revealed tingling but no symptoms distally upon palpation of the ulnar nerve. The elbow demonstrated full painless range of motion. The injured worker was noted to have normal strength of intrinsic as well as sensation in the ulnar as well as the radial and medial nerve distribution of the left hand. The physical examination of the lumbar spine revealed tenderness and mild spasm from L4 to sacrum bilaterally. Lumbar flexion brings the fingertips to the level of the distal tibia, extension 30 degrees, and right and left lateral tilt 40 degrees with low back pain reported at each limit. Motor strength was noted to be normal in all motor groups in both lower extremities with intact sensation. The deep tendon reflexes were noted to be 1+ bilaterally and the straight leg raise was positive. The provider indicated the injured worker used ibuprofen on a chronic basis as well as tramadol and other medications. The Request for Authorization form was not submitted within the medical records. The request was for physical therapy for her neck, low back, and left elbow, electromyography study of the upper extremities, and nerve conduction study of the upper extremities, hepatic function panel and renal function panel; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Sessions Qty. 12: 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 request for Physical Therapy Sessions Qty. 12 is not medically necessary. The injured worker has decreased range of motion to the lumbar spine. The California Chronic Pain Medical Treatment Guidelines recommend active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The Guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The injured worker has decreased range of motion to the lumbar spine; however, the request for 12 sessions of physical therapy exceeds Guideline recommendations. Therefore, the request for Physical Therapy Sessions Qty. 12 is not medically necessary.

**EMG Study Of The Upper Extremities Qty. 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,309.

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

**Decision rationale:** The request for EMG Study Of The Upper Extremities Qty. 1.00 is not medically necessary. The injured worker complains of neck pain and bilateral arm numbness. The CA MTUS/ACOEM Guidelines recommend electromyography and nerve conduction velocities, including H-reflex tests, to help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The assessment may include sensory evoked potentials if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps including a selection of an imaging test to define evidential cause. The Guidelines state an electromyography can be used to identify and define physiologic insult and anatomic defects. There is a lack of clinical findings consistent with neurological deficits to warrant an electromyography. Electromyographies are performed when radiculopathy is present on the physical exam, but the affected nerve is not clear. The documentation provided indicated the sensation and motor strength was at full range, as well as a full range of motion to the left elbow. There is a lack of documentation regarding cervical spine symptoms or clinical

findings. Therefore, the request for EMG Study Of The Upper Extremities Qty. 1.00 is not medically necessary.

**NCS Study Of The Upper Extremities Qty. 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,309.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back, Nerve conduction studies.

**Decision rationale:** The request for NCS Study Of The Upper Extremities Qty. 1.00 is not medically necessary. The injured worker complains of pain and numbness to the upper extremities. The Official Disability Guidelines do not recommend nerve conduction studies to demonstrate radiculopathy if radiculopathy is already clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than cervical radiculopathy, with caution that these studies can result in unnecessary overtreatment. There is a lack of clinical documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. There is a lack of documentation with clinical findings regarding neurological deficits to warrant a nerve conduction study. Therefore, the request for NCS Study Of The Upper Extremities Qty. 1.00 is not medically necessary.

**Hepatic Function Panel Qty. 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 23,64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

**Decision rationale:** The request for Hepatic Function Panel Qty. 1.00 is not medically necessary. The injured worker complained of low back pain and reported she had a history of kidney problems and liver problems that were unknown specifically. The California Chronic Pain Medical Treatment Guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. The injured worker indicated she has had previous kidney and liver problems; however, there is a lack of documentation with clinical findings consistent with liver or kidney

diagnoses. Additionally, there is a lack of documentation regarding the injured worker's medication regimen to warrant a hepatic function panel. Therefore, the request for Hepatic Function Panel Qty. 1.00 is not medically necessary.

**Renal Function Panel Qty. 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23,64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

**Decision rationale:** The request for Renal Function Panel Qty. 1.00 is not medically necessary. The injured worker complained of low back pain and reported she had a history of kidney problems and liver problems that were unknown specifically. The California Chronic Pain Medical Treatment Guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. The injured worker indicated she has had previous kidney and liver problems; however, there is a lack of documentation with clinical findings consistent with liver or kidney diagnoses. Additionally, there is a lack of documentation regarding the injured worker's medication regimen to warrant a hepatic function panel. Therefore, the request for Renal Function Panel Qty. 1.00 is not medically necessary.