MAXIMUS Federal Services

Case Number:	CM15-0008462		
Date Assigned:	01/26/2015	Date of Injury:	10/19/2009
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old male who reported an injury on 10/19/2009 due to pulling on a large vase at a gravesite. On 12/29/2014, he presented for a followup evaluation. He reported left sided neck pain, low back pain radiating into the bilateral buttocks and posterior right thigh, right shoulder pain, and right hand pain with tingling and numbness to the forearms, hand, and thumbs. He also reported occasional achy low back pain with tingling and numbness to the bilateral buttocks and posterior right thigh. A physical examination showed tenderness to palpation at the paravertebral musculature in the bilateral upper extremities. Motor strength was a 5/5 throughout the bilateral upper extremities. Range of motion was noted to be decreased in the cervical spine and pulses were a 2+. Reflexes were a 2+ and he had diminished sensation in the nerve distribution of the C6 and C7. He also had positive tenderness in the paravertebral musculature of the lumbar spine with decreased range of motion and a positive sitting and supine straight leg raise on the right. Reflexes were a 2+, strength was a 5/5, and sensation was intact. He was diagnosed with cervical degenerative disc disease, cervical spondylosis, cervical radiculitis, lumbar/lumbosacral disc degeneration, lumbar spondylolisthesis, lumbar spondylosis, lumbar radiculitis, and thoracic radiculitis. The treatment plan was for an NCV of the right and lower extremity, an EMG of the left lower extremity, physical therapy 3x6, and an MRI of the lumbar spine. The rationale for treatment was to evaluate and treat the injured worker's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back

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

Decision rationale: According to the California MTUS Guidelines, unequivocal objective findings that identify specific nerve compromise in the neurologic examination are sufficient evidence to warrant imaging in those who do not respond to treatment and who would consider surgery an option. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the upper and lower back. However, there is a lack of documentation showing that the injured worker has any evidence of neurological dysfunction in the lower extremities to support the request. Also, there is a lack of documentation showing that he had tried and failed recommended conservative therapy. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

NCV Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back

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

Decision rationale: According to the California MTUS Guidelines, unequivocal objective findings that identify specific nerve compromise in the neurologic examination are sufficient evidence to warrant imaging in those who do not respond to treatment and who would consider surgery an option. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the upper and lower back. However, there is a lack of documentation showing that the injured worker has any evidence of neurological dysfunction in the lower extremities to support the request. Also, there is a lack of documentation showing that he had tried and failed recommended conservative therapy. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

EMG Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back

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

Decision rationale: According to the California MTUS Guidelines, unequivocal objective findings that identify specific nerve compromise in the neurologic examination are sufficient evidence to warrant imaging in those who do not respond to treatment and who would consider surgery an option. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the upper and lower back. However, there is a lack of documentation showing that the injured worker has any evidence of neurological dysfunction in the lower extremities to support the request. Also, there is a lack of documentation showing that he had tried and failed recommended conservative therapy. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

Physical Therapy 3 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Physical Therapy (PT)

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

Decision rationale: The California MTUS Guidelines recommend physical therapy for myalgia and myositis unspecified for 9 to 10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis unspecified, 8 to 10 visits over 4 weeks is recommended. The clinical documentation submitted for review indicates that the injured worker is symptomatic regarding the upper and lower back. However, the request fails to mention what body part physical therapy is being requested for. Also, the number of sessions being requested exceeds the guidelines. Therefore, the request is not supported. As such, the request is not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, MRI's (magnetic resonance imaging)

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

Decision rationale: According to the California MTUS Guidelines, unequivocal objective findings that identify specific nerve compromise in the neurologic examination are sufficient

evidence to warrant imaging in those who do not respond to treatment and who would consider surgery an option. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the upper and lower back. However, there is a lack of documentation showing that the injured worker has any evidence of neurological dysfunction in the lower extremities to support the request. Also, there is a lack of documentation showing that he had tried and failed recommended conservative therapy. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.