

Case Number:	CM15-0009710		
Date Assigned:	01/27/2015	Date of Injury:	08/01/2014
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/16/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 was a female patient, who sustained an industrial injury on 08/01/2014. An initial orthopedic evaluation dated 11/25/2014 reported subjective complaint of neck, bilateral shoulders, and lower back pain. She did undergo 6-8 sessions of chiropractic therapy, a course of physical therapy and worked modified duties. In mid September 2014, she was evaluated by Orthopedic, placed off work duty for a month, and prescribed medications. Documentation showed the patient having returned to regular work in mid October 2014 and using over the counter medication for pain. She is currently prescribed Topamax, and Advil. Physical examination found cervical spine stiff in all directions with right side greater. The right shoulder is noted stiffer than the left. Radiography testing has revealed 11/25/2014 cervical spine showed normal, lumbar spine showed spasm with degenerative disc disease and there are degenerative facets of the lumbar spine. The bilateral shoulders showed early degenerative disc disease of the right and left AC joints. A magnetic resonance image performed on 10/03/2014 revealed a normal lumbar spine. A left shoulder MRI indicated mild infraspinatus and suprasubscapularis tendonosis without evidence of tear. On 12/23/2014 Utilization Review non-certified a request for electromyography nerve velocity testing of bilateral lower extremities, noting the CA MTUS/ACOEM, Chronic Pain, Physical Therapy, and Official Disability Guidelines, chapter 12 low Back, nerve conduction study were cited. The injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the lumbar spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 196-219;287-315,Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99,Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical therapy Low Back, Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The patient has previously undergone an unknown number of therapy sessions. Additionally sessions may be warranted based on the progress during the initial treatment sessions. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a six-visit clinical trial of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. The provided documentation made no mention as to the progress, response, or functional benefits to physical therapy as it pertains to this request. As such, the request for 12 physical therapy visits for the lumbar spine and the right shoulder is not medically necessary.

EMG and NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Low Back, Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303, 309. Decision based on Non-MTUS Citation Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM states "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." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". The treating physician does not document lumbar

radiculopathy, and the medical reason an EMG is needed at this time. As such, the request for EMG/NCV OF THE BILATERAL LOWER EXTREMITIES is not medically necessary.