

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0142576 |                              |            |
| <b>Date Assigned:</b> | 08/03/2015   | <b>Date of Injury:</b>       | 06/04/2013 |
| <b>Decision Date:</b> | 08/31/2015   | <b>UR Denial Date:</b>       | 07/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/22/2015 |

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 29 year old male who sustained an industrial injury on 6-4-13. He had back and leg pain. The mechanism of injury was unclear. He currently complains of pulsating pain in the right leg to foot with a pain level of 5 out of 10. The injured worker visited the emergency department visit 6-20-15 for back pain. On physical exam of the lumbar spine there was tenderness. Medications were prednisone, Percocet (given 6-20-15 in emergency department), Norco, naproxen. Diagnoses include displacement of lumbar intervertebral disc without myelopathy; degeneration of lumbar or lumbosacral intervertebral disc. Treatments to date include lumbar epidural steroid injections with benefit; transforaminal selective nerve root block L5-S1; medications. Diagnostics include MRI of the lumbar spine (9-8-14) stable disc protrusion, spinal stenosis; MRI of the lumbar spine (10-8-13) showing possible radiculopathy, small bulge; MRI of the cervical spine (9-8-14) normal. In the progress note dated 6-18-15 the treating provider's plan of care included requests for physical therapy 2-3 times per week for 6-8 weeks for lumbar radiculopathy (per 6-25-15 request); electromyography, nerve conduction velocity bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2-3xwk/x6-8wks Lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified - 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified - 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) - 24 visits over 16 weeks; According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant had already undergone several months of therapy as noted in December 2014. The amount of sessions requested exceeds the amount recommended by the guidelines. Consequently, additional therapy sessions are not medically necessary.

**EMG/NCV of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Procedure Summary Online Version EMG/NCV.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been 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 the clinical exam. In this case, the claimant's imaging and clinical findings are consistent with radiculopathy. The claimant had undergone lumbar spine surgery. Another consultation with a surgeon was requested. The request for an EMG/NCV would not change outcome at this stage and was not requested from the surgeon. The EMG/NCV is not medically necessary.