

Case Number:	CM15-0144078		
Date Assigned:	08/05/2015	Date of Injury:	09/12/2013
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/24/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

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 52 year old male, who sustained an industrial injury on 09-12-2013, secondary to slipping while loading a truck. On provider visit dated 06-24-2015 the injured worker has reported lower back pain and right leg pain - numbness and pain in calf. On examination of the tenderness was noted in right calf and ultrasound was noted to be negative for deep vein thrombosis (per physicians note). The diagnoses have included anomaly of spine NEC, lumbosacral spondylosis without myelopathy and spinal stenosis - lumbar. CT scan of lumbar spine on 06-05-2015 revealed postsurgical changes at L5-S1, Spondylosis of L5 with mild grade I spondylolisthesis of L5-S1 and multilevel degenerative disc disease- there does not appear to be evidence for significant central canal stenosis. In addition, areas of foraminal stenosis area were outlined. Treatment to date has included surgical intervention of lumbar fusion L5-S1 on 12-16-2014 and medication. The injured worker underwent an electrodiagnostic study on 07-20-2015, which revealed abnormal results noting electrodiagnostic evidence consistent with abnormalities involving the left fifth lumbar nerve root-chronic in nature. The injured worker was noted to remain off work. The provider requested physical therapy 3 times a week for 4 weeks - lumbar spine and electromyography - nerve conduction study of lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 3 times wkly for 4 wks, 12 sessions, Lumbar spine: 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 Pages 98-99.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks; The patient has completed an undocumented amount of physical therapy already. There is no documentation stating why an independent home exercise program would be insufficient to address any remaining deficits at this time. According to the clinical documentation provided and current MTUS guidelines; Physical therapy, as written above, is not indicated as medically necessary to the patient at this time.

EMG (electromyography)/ NCS (nerve conduction study), Lower Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines low back pgs. 303-305.

Decision rationale: The current request is for EMG of the bilateral lower extremities. MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. According to the clinical documents, there is evidence in lack of sensation in his lower extremities. The clinical documents state that the patient does have a specific report of neuropathy. There is clinical documentation evidence for indication of EMG testing, The EMG is medically necessary at this time.