

Case Number:	CM15-0148812		
Date Assigned:	08/11/2015	Date of Injury:	08/12/2012
Decision Date:	09/23/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/30/2015

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: New Jersey, New York
 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 64 year old female, who sustained an industrial injury on 8-12-12. She reported pain in her lower back. The injured worker was diagnosed as having lumbago, chronic pain due to trauma and adjustment disorder with depressed mood. Treatment to date has included physical therapy, a lumbar x-ray on 5-28-14, and acupuncture, Gabapentin, Flexeril, Percocet, Etodolac and Methadone. On 6-25-15 the injured worker rated her pain a 2 out of 10 at rest and a 4 out of 10 with repetitive motions. As of the PR2 dated 6-26-15, the injured worker reports increased low back pain along with lower extremity paresthesia pain. Objective findings include limited lumbar range of motion due to pain, somewhat flattened lordosis and a positive straight leg raise test on the right. The treating physician requested an EMG-NCV of the bilateral lower extremities, a complete metabolic panel and aqua therapy x 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304 and 309.

Decision rationale: The request for an EMG of the lower extremities is not medically necessary. EMG is used to clarify nerve root dysfunction and is not indicated for obvious radiculopathy. The patient has decreased sensation in specific dermatomes on the right. She had decreased strength and reflexes. The patient had obvious radiculopathy on exam and on imaging. Therefore, the request is considered not medically necessary.

NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304 and 309.

Decision rationale: The request for an NCV of the lower extremities is not medically necessary. NCV is used to clarify nerve root dysfunction and is not indicated for obvious radiculopathy. The patient has decreased sensation in specific dermatomes on the right. She had decreased strength and reflexes. The patient had obvious radiculopathy on exam and on imaging. Therefore, the request is considered not medically necessary.

Complete Metabolic panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, hypertension, and renal function Page(s): 69 and 70.

Decision rationale: The request for a complete metabolic panel is medically necessary. The patient is on many medications including an NSAID. Long-term use of NSAIDs can result in renal dysfunction which can be monitored by checking a complete metabolic panel. The patient is on Etolodac. Therefore, the request is considered medically necessary.

Aqua therapy 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The request is considered not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical

therapy when reduced weight bearing is desirable. There is no documentation that the patient has physical findings requiring an alternative to land-based therapy. The patient is weight-bearing and able to ambulate. The patient should be able to perform home exercises at this point, after receiving physical therapy. Therefore, aquatic therapy as stated is not medically necessary at this time.