

Case Number:	CM15-0168084		
Date Assigned:	09/08/2015	Date of Injury:	04/09/2015
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/26/2015

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:

This 34 year old male sustained an industrial injury on 4-09-15. Diagnoses include lumbar strain and sprain, cervical radiculopathy, lumbar sprain, lumbar radiculopathy and left shoulder impingement. Treatments to date include MRI testing, chiropractic care, injections, at least 10 sessions of physical therapy and prescription pain medications. The injured worker has continued complaints of cervical spine pain and stiffness, upper and lower back pain and left shoulder pain. The pain has affected the injured worker's activity level. The injured worker has remained off work. Upon examination, range of motion in the cervical spine was reduced due to pain. There was tenderness and spasm noted over the cervical paravertebral muscles. There was tenderness over the left acromioclavicular joint with positive impingement, Hawkin's and Yergason's noted. Lumbar spine examination revealed tenderness and spasm in the lumbar paravertebral musculature. There is diminished sensation over the right L5 dermatome. A request for 4 sessions of psychotherapy depression/anxiety and exposure to pain and EMG/NCV bilateral lower extremities was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of psychotherapy depression/anxiety and exposure to pain: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cognitive behavioral therapy Page(s): 23.

Decision rationale: According to the guidelines, CBT is recommended after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). In this case, the claimant has undergone physical therapy and injections. The claimant has persistent pain and limited function. The request for psychotherapy for 4 sessions to manage anxiety and depression related to the injury is medically necessary.

EMG/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): 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 there was decreased sensation in the L5 dermatome; however there was an MRI performed in the past. The results were not provided to indicate any lack of correlation. As a result the request for the EMG is not justified and not medically necessary.