

<b>Case Number:</b>	CM15-0180043		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/30/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: California

Certification(s)/Specialty: Emergency 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 43 year old male who sustained an industrial injury on 03-30-2015. Current diagnoses or physician impression includes lumbar spine radiculopathy, lumbar spine disc protrusion (1mm) at L4-5 with mild degenerative disc disease. Report dated 07-24-2015, noted that the injured worker (IW) presented with complaints that included constant low back pain with radiating pain up to the neck, and down the back of both legs to the feet. Pain was not rated on the visual analog scale (VAS) in this report; however, a previous exam, dated 07-16-2015, reported a pain level of 6 out of 10. There were additional complaints of occasional numbness and tingling in the low back and into both lower extremities. Physical examination, performed on 07-24-2015, revealed normal gait, tenderness to palpation over midline lumbar spine and midline and bilateral lumbosacral spine, decreased sensation to the posterior thighs, limited and painful range of motion in the lumbar spine, and tightness in the hamstrings bilaterally. Previous diagnostic studies include MRI of the lumbar spine (05-2015) reportedly showing a minimal disc protrusion at L3-4 and L4-5 with annular tear at L4-5, multilevel mild narrowing of the right neural foramen, and multilevel minimal degenerative discogenic disease; and a MRI of the thoracic spine (05-2015) showing minimal spondylosis. Previous treatments included medications, herbal patches, 9 chiropractic treatments, massage therapy, electrical stimulation, suction-cup treatment and 12 sessions of physical therapy (PT) with temporary relief. The treatment plan included additional PT for the lumbar spine, acupuncture treatments, electrodiagnostic testing of the lower extremities to rule out radiculopathy, and follow-up. The IW was placed on modified duties with restrictions. Request for authorization dated 08-10-2015,

included requests for 12 sessions (2x6) of PT for the lumbar spine, a NCV (nerve conduction velocity) study of the bilateral lower extremities, an EMG (electromyography) of the bilateral lower extremities, and 6 sessions (1x6) of acupuncture. The utilization review dated 08-20-2015, non-certified the request for PT for the lumbar spine, and the NCV study of the lower extremities.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 2x a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** MTUS guidelines generally recommend a trial of physical therapy for acute injuries. Patient has reportedly completed 12 PT sessions with no documentation of objective improvement in pain or function. Guidelines recommend a maximum of 10 PT sessions. There is no rationale as to why patient cannot undergo home directed therapy with skills already learned. Additional physical therapy is not medically necessary.

**NCV of the bilateral lower extremities (BLE):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies, Summary.

**Decision rationale:** As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary.