

Case Number:	CM15-0180844		
Date Assigned:	09/22/2015	Date of Injury:	10/08/2010
Decision Date:	12/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	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 46 year old male, who sustained an industrial injury on 10-8-2010. He reported injury to the neck and low back with pain in bilateral upper and lower extremities from lifting-carrying activity. Diagnoses include cervical spine disc bulges and lumbar spine disc bulges. Treatments to date were documented as "therapy and injections." Currently, he complained of ongoing pain in the neck and low back. On 8-18-15, the physical examination documented decreased sensation in the left hand. The appeal requested authorization for physical therapy twice a week for six weeks for lumbar and cervical spine, electromyogram (EMG) of bilateral lower extremities, MRI of the cervical spine and an MRI of the lumbar spine. The Utilization Review dated 8-31-15, denied the requests citing the California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 lumbar/cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The request is for physical therapy. Physical therapy, or active therapy, is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction. The injured worker is instructed and is expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. For initial therapy, the MTUS guidelines support 9-10 visits over 8 weeks myalgia and myositis, and 8-10 visits over 4 weeks neuralgia, neuritis, and radiculitis. In regards to the injured worker, there is documentation suggesting previous enrollment in physical therapy. The total number is unknown, as are the effect on overall function and pain. Documentation of the total physical therapy sessions previously attended as well as effect are required to justify and suggest a medical benefit to further physical therapy. Therefore, the request as submitted is not medically necessary.

EMG right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits, Special Studies, Surgical Considerations, Summary.

Decision rationale: The request is for EMG, or electromyography of the right lower extremity. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Algorithm 12-3, of the American College of Occupational and Environmental Medicine section on Low Back Complaints, addresses slow-to-recover injured workers with occupational low back complaints. EMG is recommended with neurologic symptoms in lower limbs, along with significant sciatica and obvious level of nerve root dysfunction on physical exam. In regards to the injured worker, while there are persistent symptoms, the treating physician documented a normal neurological exam of the lower extremities. Unless the treating physician submits further evidence to establish a medical benefit of EMG, the MTUS guidelines does not currently support the use of EMG for the injured worker. There is no documentation of deep tendon reflex abnormality, motor or sensory deficit in any specific dermatome in the lower extremities. The request as submitted is not medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The request is for MRI of the cervical spine. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist beyond 3-4 weeks. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence from EMG or NCV studies indicates tissue insult or nerve impairment, consideration may be made for imaging tests, including MRI. Reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results) because it is possible to identify a finding that was present before symptoms began and, therefore, has no temporal association with the symptoms. Therefore, the request for MRI of the cervical spine is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The request is for MRI of the lumbar spine. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). In regards to the injured worker, there is no documentation of a focal neurological deficit in the lower extremities. The treating physician documents normal deep tendon reflexes, motor and sensory function. Therefore, the medical benefit of MRI of the lumbar spine is not justified. The request as submitted is not medically necessary.

EMG left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits, Special Studies, Surgical Considerations, Summary.

Decision rationale: The request is for EMG, or electromyography of the left lower extremity. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Algorithm 12-3, of the American College of Occupational and Environmental Medicine section on Low Back Complaints, addresses slow-to-recover injured workers with occupational low back complaints. EMG is recommended with neurologic symptoms in lower limbs, along with significant sciatica and obvious level of nerve root dysfunction on physical exam. In regards to the injured worker, while there are persistent symptoms, the treating physician documented a normal neurological exam of the lower extremities. Unless the treating physician submits further evidence to establish a medical benefit of EMG, the MTUS guidelines does not currently support the use of EMG for the injured worker. There is no documentation of deep tendon reflex abnormality, motor or sensory deficit in any specific dermatome in the lower extremities. The request as submitted is not medically necessary.