

Case Number:	CM15-0190639		
Date Assigned:	10/02/2015	Date of Injury:	03/10/2015
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/28/2015

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 28 year old male who sustained an industrial injury on 3-10-15. The injured worker reported low back discomfort with radiation to the posterior thighs. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar strain with probably lumbar radiculopathy. Provider documentation dated 6-24-15 noted the work status as temporary totally disabled. Treatment has included steroid medications, Relafen, exercise, transcutaneous electrical nerve stimulation unit, and home exercise program. Objective findings dated 6-24-15 were notable for tenders to the paralumbar area, pain upon flexion to the thighs, normal gait pattern upon ambulation. The original utilization review (9-3-15) denied a request for Physical Therapy 2 times a week for 3 weeks and EMG/NCS of the Bilateral Lower Extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior PT sessions (total number was not documented) was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home-directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Additional 6 physical therapy sessions is not medically necessary.

EMG/NCS of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Electrodiagnostic testing (EMG/NCS); Low Back, Nerve Conduction Studies (NCS).

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

Decision rationale: EMG (Electromyography) and NCV (Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is documentation of exam corroborated with MRI that is consistent with clinically obvious radiculopathy. Patient has clear radiculopathy; it is unclear what additional information can be attained from EMG. There is no evidence-based rationale noted by the requesting provider. EMG is not medically necessary. 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. Both tests are not medically necessary. NCV/EMG of bilateral lower extremity is not medically necessary.