

Case Number:	CM15-0193969		
Date Assigned:	10/07/2015	Date of Injury:	11/27/2001
Decision Date:	11/20/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/02/2015

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: Pennsylvania
 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 52 year old female who sustained an industrial injury on 11-27-01. A review of the medical records indicates she is undergoing treatment for cervicgia, low back pain, degeneration of lumbar intervertebral disc, spinal stenosis of lumbar region without neurogenic claudication, degeneration of cervical intervertebral disc, sciatica, brachial radiculitis, lumbar post-laminectomy syndrome, spinal stenosis in cervical region, and enthesopathy of hip region. Medical records (5-26-15 to 9-2-15) indicate ongoing complaints of neck pain. She reports that she underwent a C7-T1 interlaminar epidural on 8-12-15. She reports that her symptoms have "improved". The physical exam (9-2-15) reveals tenderness to palpation of the lower cervical spine "midline and bilateral trapezius and rhomboids". Range of motion is noted to be: flexion - 30 degrees with pain, extension - 30 degrees with pain, and rotation - 45 degrees "with significant pain". Spurling's maneuver is negative bilaterally. Tenderness to palpation is also noted of the lumbar spine. Flexion is noted to be 30-40 degrees with pain and extension 10 degrees with pain. Straight leg raise and femoral stretch tests are negative bilaterally. Diagnostic studies are not indicated in the provided records. Treatment has included trigger point injections, a C7-T1 interlaminar epidural, and physical therapy. The number of physical therapy sessions received is not indicated in the provided records. The treatment recommendations include "renew physical therapy same program", medications, and bilateral upper extremity EMG-NCV. The utilization review (9-4-15) indicates denial of the request for physical therapy and bilateral upper extremity EMG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral upper extremities EMG (electromyography): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck/Electrodiagnostic studies.

Decision rationale: According to the ODG, "cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment." The record indicates this worker already has known cervical stenosis. Documentation of the physical exam reported decreased sensation of bilateral upper extremities but specific dermatomes were not mentioned. No weakness was noted. Spurling's test was negative. The purpose for obtaining the EMG was not delineated. Therefore the request is not medically necessary.

Physical Therapy for the cervical spine, three times a week for three weeks: Upheld

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

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

Decision rationale: According to the MTUS, the recommended number of physical therapy sessions for myalgia is 9-10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. Although passive modalities may be beneficial initially, the role of physical therapy is not to provide ongoing passive modalities for pain control but to establish an active home exercise program in which the patient can continue to maintain and improve function and pain control independently. Physical therapy beyond these guidelines should be supported by evidence of progress in physical therapy and a rational explanation of why excessive physical therapy is needed. This worker has already had physical therapy. The number of visits or evidence of progress is not included in the available medical record. 8-10 visits total would be the maximum number of recommended treatments without documentation of evidence of progress and a rational explanation for the need for an excess number of visits. This is a request for 9 visits and it is not known how many previous visits this worker has already had or what response she had. Therefore this request is not medically necessary.