

Case Number:	CM15-0021006		
Date Assigned:	02/10/2015	Date of Injury:	11/08/2012
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/03/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 8, 2012. In a Utilization Review Report dated January 13, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of bilateral upper and bilateral lower extremities and also failed to approve a request for eight sessions of physical therapy to the lumbar and cervical spines. A November 24, 2014, progress note was referenced in the determination. The claims administrator did, it is incidentally noted, partially approved two of the eight sessions of physical therapy proposed. The applicant's attorney subsequently appealed. On October 22, 2014, the applicant reported persistent complaints of neck pain radiating to the right arm. The applicant was status post cervical spine surgery, it was acknowledged. Complaints of low back pain radiating to the right leg were also evident. Pain complaints were highly variable. The applicant received sacroiliac joint injection and epidural steroid injection. The applicant was on Norco, Soma, and Restoril. Medial branch blocks were endorsed. The applicant's work status was not furnished. In a progress note dated November 10, 2014, the applicant was placed off of work, on total temporary disability owing to ongoing complaints of neck and low back pain. Norco, Soma, and Restoril were renewed. On August 26, 2014, the applicant was, once again, placed off of work, on total temporary disability, while Norco, Soma, and Halcion were endorsed. On October 6, 2014, cervical medial branch blocks, lumbar medial branch blocks, and epidural steroid injection therapy were proposed. On January 5, 2015, the applicant reported persistent complaints of neck and low back pain with radiation of neck pain to the right arm.

Radiation of low back pain to the right leg was also reported. CT imaging of the cervical spine, various interventional spine procedures and upper and lower extremity electrodiagnostic testing were endorsed, along with eight sessions of physical therapy. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 172.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 272;309;182.

Decision rationale: 1. No, the request for electrodiagnostic testing of the bilateral upper and bilateral lower extremities is not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 12, Table 12-8, page 309 and ACOEM Chapter 8, Table 8-8, page 182 do support EMG testing to clarify diagnosis of suspected nerve root dysfunction, these recommendations are, however, qualified by commentary made in ACOEM Chapter 11, Table 11-7, page 272 to the effect that the routine usage of the EMG or NCV testing for screening purposes were to evaluate applicants without symptoms is deemed "not recommended." Here, the applicant's symptoms were confined to the neck, right arm, low back, and right leg. The applicant did not seemingly have any alleged radicular or neuropathic pain complaints present about the seemingly asymptomatic left upper extremity and equally asymptomatic left lower extremity. The attending provider did not furnish a clear or compelling rationale for testing in what appeared to be asymptomatic body parts, including the asymptomatic left upper extremity and asymptomatic left lower extremity. Therefore, the request is not medically necessary.

Physical Therapy 2 times a week for 4 weeks, to cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

Decision rationale: 2. Similarly, the request for eight sessions of physical therapy for the cervical and lumbar spines is not medically necessary, medically appropriate, or indicated here. While the eight-session course is consistent with the 8- to 10-session course of physical therapy recommended for radiculitis, the diagnosis reportedly present here, this recommendation

is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was/is off of work, on total temporary disability, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. The applicant remained dependent on opioid agents such as Norco, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for eight sessions of physical therapy was not medically necessary.