

<b>Case Number:</b>	CM15-0025998		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	12/07/2001
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: North Carolina  
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 54 male who sustained a work related injury December 7, 2001. Past history included; s/p cervical spine fusions x 3 with residuals, s/p right shoulder arthroscopies x 4 with residuals. s/p left shoulder arthroscopies x 4 with residuals, s/p spinal fusion L2-L3, L3-L4, s/p lumbar spine surgery x 3 with residuals, gastritis secondary to medication usage, s/p L5-S1 neurotomy, s/p left total hip replacement with decompression 2/2008, s/p left hip revision 9/2013, s/p right hip revision, s/p right knee arthroscopies x 3, s/p left knee arthroscopies x 2, s/p total disc replacement L2-3 . According to a primary treating physician's report dated January 19, 2015, the injured worker presented for a follow-up evaluation with complaints of ongoing neck pain 6/10 and constant low back pain 8-9/10. He also noted upper and lower extremity radiculopathy with numbness and tingling; spasms and weakness in the bilateral lower extremities; bilateral hip pain 7/10 on the right and 5/10 on the left; constant knee pain 5/10 and insomnia. Current medications include Percocet, Lyrica and Senna. Physical examination reveals lumbar spine range of motion; flexion 35 degrees, extension 5 degrees, right lateral bend 10 degrees, left lateral bend 5 degrees. The straight leg raise, Braggard's and bowstring tests are all positive bilaterally. Motor strength testing in the lower extremities reveals weakness in the bilateral hip flexor, quadriceps and tibialis anterior muscle groups 4/5. Sensory examination in the lower extremities is intact. Diagnosis included chronic pain syndrome with severe breakthrough pain, chronic severe low back pain, bilateral sacroilitis, and failed back surgery syndrome. Treatment plan included request for physical therapy and electrodiagnostic studies. According to utilization review dated January 30, 2015, the request for 8 Sessions of

Physical Therapy is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for EMG/NCS (electromyography/nerve conduction studies) of the lower extremity has been modified to (1) EMG of the lower extremity, citing ACOEM Guidelines.

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

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

#### **8 Sessions of physical therapy: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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(s). Patients are instructed and 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. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2):24 visits over 16 weeks."The requested amount of physical therapy is not in excess of California chronic pain medical treatment guidelines. Therefore, since physical therapy is a recommended treatment option per the California MTUS for chronic pain the request is certified.

#### **1 EMG/NCS of the lower extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The ACOEM chapters on low back complaints and the need for lower extremity EMG/NCV states: 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). 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. There is no objective evidence of unclear or ambiguous neurologic dysfunction as documented in the provided most recent physical exam. For these reasons, criteria for lower extremity EMG/NCV have not been met as set forth in the ACOEM. Therefore, the request is not certified.