

Case Number:	CM15-0029775		
Date Assigned:	03/04/2015	Date of Injury:	03/19/2014
Decision Date:	04/09/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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: Florida

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 38 year old male, who sustained an industrial injury on 3/19/14. He has reported low back and right leg pain after pulling an engine apart and setting it down to the ground. The diagnoses have included low back pain, lumbar herniated nucleus pulposus, lumbar degenerative disc disease, and lumbar facet arthropathy. Treatment to date has included medications, activity modifications, Home Exercise Program (HEP); acupuncture 1 session and physical therapy 8 sessions. Currently, the injured worker complains of low back pain and numbness in left hand and last two digits. It is worse in the morning and resolves throughout the day. The low back pain was rated 4/10 on pain scale. He also states that he feels pins and needles from the low back into the right glute. He has occasional tingling down the right leg to the toes. He notes that he only sleeps 3-4 hours at night due to pain. Medications include Tramadol and Lidapro which he finds minimally beneficial. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 5/9/14 revealed degenerative disc changes, disc bulge, and multi-level bilateral facet arthrosis. There was no evidence of compressive discopathy, stenosis or impingement. Physical exam revealed lumbar tenderness right worse than left, positive facet loading of the lumbar spine, decreased lumbar range of motion, and lower extremity sensation intact bilaterally. There was no previous therapy sessions noted. Work status was temporary partially disabled. On 2/3/15 Utilization Review non-certified a request for Physical therapy 2 times a week x8 weeks for the lumbar and EMG/NCS of the left lower extremities, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain pages 98-99 and (ACOEM) Occupational Medicine Practice Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x8 for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 132-133 Page(s): Physical Medicine, page(s) 132-133.

Decision rationale: In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy (8 sessions without relief in symptoms,) but now his physician is requesting an additional 16 sessions. The guidelines recommend fading of treatment frequency, which this request for a new physical therapy plan does not demonstrate. Likewise, this request is not medically necessary.

EMG/NCS of the left lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special studies and diagnostic treatment considerations Page(s): 177-178.

Decision rationale: California MTUS Guidelines do recommend EMG/NCS for further evaluation of radicular symptoms. In this patient's case, his physician has requested a bilateral EMG/NCS, however the patient only endorses symptoms in the right lower extremity. The rationale for why a bilateral study is being requested is not evidence on review of the medical records that have been presented. Likewise, this request for a bilateral EMG/NCS is not considered medically necessary.