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| <b>Case Number:</b>   | CM15-0213278 |                              |            |
| <b>Date Assigned:</b> | 11/03/2015   | <b>Date of Injury:</b>       | 05/19/2014 |
| <b>Decision Date:</b> | 12/18/2015   | <b>UR Denial Date:</b>       | 10/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/29/2015 |

### 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, New York, 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 represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 19, 2014. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve requests for physical therapy and electrodiagnostic testing. The claims administrator referenced a September 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 21, 2015 office visit, the applicant reported ongoing issues with neck, mid back, and low back pain. The applicant was seemingly kept off of work, on total temporary disability. The note was somewhat difficult to follow and mingled historical issues with current issues to some extent. The applicant was described as having previous fractures in the past medical history section of the note involving various body parts. There was, however, no mention of the applicant's carrying a diagnosis of hypothyroidism or diabetes. The applicant was given various diagnoses, including a diagnosis of lumbar radiculopathy based on disk bulges present at the L3-L4 and L4-L5 levels. The applicant had received prior epidural steroid injection, the treating provider reported. The attending provider stated that he was intent on pursuing repeat lower extremity electrodiagnostic testing to assess for lumbar radiculopathy but stated that he did not see any need for repeat epidural steroid injection. There was no mention on how (or if) the repeat electrodiagnostic testing would influence or alter the treatment plan. The applicant was kept off of work, on total temporary disability. The applicant had 12 sessions of physical therapy to date, the treating provider reported.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 3 times a week for 3 weeks for the cervical / thoracic spine:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

**Decision rationale:** No, the request for 9 additional sessions of physical therapy for the cervical and thoracic spine was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represented treatment in excess of the 9 to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here. This recommendation is further 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 and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy increases with a prescription of the same which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated on September 21, 2015. The fact that the applicant remained off of work, on total temporary disability, despite receipt of 12 prior sessions of physical therapy, coupled with the claimant's continued dependence on opioid agents such as Norco, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, following receipt of 12 prior sessions of physical therapy over the course of the claim. It did not appear that the applicant would necessarily stand to gain from further treatment, going forward. Therefore, the request was not medically necessary.

**Repeat EMG/NCS left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): References. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter EMGs (Electromyography).

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Summary, and Ankle and Foot Complaints 2004, Section(s): Summary.

**Decision rationale:** Similarly, the request for repeat electrodiagnostic testing (EMG-NCV) of the left lower extremity was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, as noted by the attending provider on the September 21, 2015 office visit at issue, the applicant did in fact carry a diagnosis of clinically obvious radiculopathy. The applicant received prior epidural steroid injections for the same. The applicant was using Lyrica for residual lumbar radicular pain complaints, the treating provider reported on that date. The treating provider's September 21, 2015 office visit also alluded to the

applicant's having radiographic corroboration of radiculopathy. It was not clearly stated why a repeat electrodiagnostic testing was sought in the face of the applicant's already carrying an established diagnosis of lumbar radiculopathy. In a similar vein, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies (AKA nerve conduction testing) are deemed "not recommended" without a clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there is no mention of the applicant's having a suspected diagnosis of tarsal tunnel syndrome, entrapment neuropathy, diabetic neuropathy, etc., on the September 21, 2015 office visit at issue. Lumbar radiculopathy appeared to represent the sole item on the differential diagnosis list. There is no mention of the applicant's carrying a superimposed diagnosis or disease process such as diabetes, hypothyroidism, or alcoholism, which would heighten the applicant's predisposition toward development of a generalized peripheral neuropathy. Since both the EMG and NCV components of the request were not indicated, the entire request was not indicated. Therefore, the request was not medically necessary.