

Case Number:	CM15-0030243		
Date Assigned:	02/23/2015	Date of Injury:	05/21/2014
Decision Date:	04/08/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/18/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29 year old female, who sustained an industrial injury on 5/21/2014. She has reported bilateral upper extremity pain. The diagnoses have included cervicobrachial syndrome, cervical strain and myofascial pain, bilateral epicondylitis, and chronic pain syndrome. Treatment to date has included muscle relaxer, physical therapy, steroid joint injections, Transcutaneous Electrical Nerve Stimulation (TENS), acupuncture, and aquatic therapy. Currently, the IW complains of chronic pain in the neck, shoulders, forearms and hands. Physical examinations documented pain with palpation to forearms and between shoulders. The plan of care included additional acupuncture and physical therapy. On 2/12/2015 Utilization Review non-certified an electromyogram/nerve conduction study (EMG/NCS) left lower extremity and twelve (12) physical therapy sessions twice a week for six weeks for lumbar spine and left hip, noting the guidelines were not met. The MTUS, ACOEM, and ODG Guidelines were cited. On 2/18/2015, the injured worker submitted an application for IMR for review of electromyogram/nerve conduction study (EMG/NCS) left lower extremity and twelve (12) physical therapy sessions twice a week for six weeks for lumbar spine and left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve Conduction Velocity (NCV) of left lower extremity:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Low Back Procedure Summary last updated 01/30/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Electrodiagnostic Studies Low Back chapter: Nerve conduction studies (NCS).

Decision rationale: The patient has a date of injury of 5/21/14 and presents with continues complaints of neck, low back and bilateral leg pain. This is a request for electromyography EMG/nerve conduction velocity NCV of the left lower extremity. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." There is no indication that prior EMG/NCV testing has been provided. Per report dated 12/3/14 the patient has ongoing pain in the lumbar spine that radiates into the left leg with associated numbness and tingling. The patient was noted to have had an MRI of lumbar spine which showed minimal posterior disc bulging atL4-5 and L5-S1. There is no prior EMG/NCV reports provided in the medical file. The Utilization review states that the patient has had an EMG in the past and "repeat electrodiagnostic procedure is not established at this time." In this case, the patient has had an EMG/NCV and MRI of the lumbar spine. Examination findings also establish radiculopathy. The medical necessity for a repeat EMG/NCV has not been established. This request IS NOT medically necessary.

Physical therapy 2 times 6 lumbar and left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 and 99. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary last updated 01/30/2015 and ODG-TWC Hip & Pelvis Procedure Summary last updated 03/25/2014.

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

Decision rationale: The patient has a date of injury of 5/21/14 and presents with continues complaints of neck, low back and bilateral leg pain. The current request is for physical therapy 2 times 6 lumbar and left hip. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." There are no physical therapy reports provided for review. The exact number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports. According to progress report dated 9/7/14, the patient started PT in August of 2014 and has completed 12 sessions with improvement. In this case, the patient has reported that prior physical therapy has helped, but there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the patient has participated in 12 recent physical therapy and should now transition into a self directed home exercise program. The request IS NOT medically necessary.