

Case Number:	CM15-0033316		
Date Assigned:	02/26/2015	Date of Injury:	03/02/2005
Decision Date:	04/13/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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:

This 33-year-old male sustained an industrial injury on 3/2/05 with subsequent ongoing neck, back and bilateral upper extremity pain. Magnetic resonance imaging lumbar spine (7/26/14) showed straightening of lumbar lordosis, Modic type I endplate degeneration and grade I retrolisthesis. Magnetic resonance imaging cervical spine (7/27/14) showed reversal of cervical lordosis, early disc desiccation, disc herniation and disc protrusion. Magnetic resonance imaging left shoulder (7/26/14) showed subscapular bursitis. Magnetic resonance imaging right shoulder (7/26/14) showed supraspinatus tendinitis and minimal subacromial bursitis. In a PR-2 dated 12/9/14, the injured worker complained of constant cervical spine pain with radiation to bilateral upper extremities associated with numbness and tingling as well as bilateral shoulder pain. Physical exam was remarkable for diminished sensation to the right hand dorsum, right posterior arm and left anterior arm with intact reflexes to bilateral upper extremities with 4/5 strength throughout. The physician noted that the authorized medical examiner had recommended electromyography/nerve conduction velocity test of bilateral upper extremity and lower extremity. The physician also noted that the injured worker had not had any in-office treatment for his cervical spine or bilateral shoulders in over one year. The physician requested authorization for physical therapy for flare up treatment to the cervical spine and bilateral shoulder. On 2/4/15, Utilization Review non-certified a request for 6 physical therapy sessions, 2x/wk for 3 weeks, cervical spine, right shoulder, noting extensive previous physical therapy and electromyography/nerve conduction velocity test of bilateral lower extremities and upper extremities, noting lack of radicular findings on exam and citing ODG and CA MTUS Chronic

Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions, 2x/wk for 3 weeks, cervical spine, right shoulder: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The request is for 6 SESSIONS OF PHYSICAL THERAPY FOR THE CERVICAL SPINE AND THE RIGHT SHOULDER. Per 12/09/14 progress report, the patient is not currently working. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater requested physical therapy for flare up. The review of the reports indicates that the patient has had multiple sessions of therapy in the past. None of the reports specifically discuss how many sessions of therapy the patient has had or how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. The treater does not explain why the patient is unable to transition into a home program. Furthermore, the requested 6 sessions combined with many already received would exceed what is allowed per MTUS for this kind of condition. The request IS NOT medically necessary.

EMG/NCV of bilateral lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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: Nerve conduction studies.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The request is for EMG/NCV OF BILATERAL LOWER EXTREMITIES. There is no indication provided if there were any previous EMG/NCV conducted. Per 12/09/14 progress report, the patient remains temporarily totally disabled from work until 02/15/15. For EMG, ACOEM guidelines page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. However, EMG is not recommended for clinically obvious radiculopathy per ODG guidelines. Regarding Nerve conduction studies, ODG guidelines under Low Back chapter: Nerve conduction studies 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." In this case, one of the treater's diagnoses is lumbar spine HNP with radiculopathy. The treater requested EMG/NCV of bilateral lower extremities because these tests are recommended by AME. AME's report is not provided for the view. Per 12/09/14 progress report, the examination shows positive straight leg raise bilaterally and diminished sensory on right foot and right thigh. Given that the patient has not had these tests performed in the past and patient's clinical findings, the request IS medically necessary.

EMG/NCV of bilateral upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter. EMG studies.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities. The request is for EMG/NCV OF BILATERAL UPPER EXTREMITIES. Per 12/09/14 progress report, the patient remains temporarily totally disabled from work until 02/15/15. The ACOEM guidelines page 262 on EMG/NCV states that appropriate studies "EDS may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities (NCV) and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. ACOEM guidelines Ch11 page 262 states that "tests may be repeated later in the course of treatment if symptoms persist." In this case, there is no documentation that patient has had prior EMG/NCV studies. One of the diagnoses is cervical spine HNP with radiculopathy. The patient is reported to have positive Apley scratch test, impingement test and Speed's test. There is tenderness to palpation over suboccipital groove, AC joint and bicipital groove. The patient has diminished sensory on the dorsum of right hand and the posterior right arm. The treater requested EMG/NCV of bilateral lower extremities because these tests are recommended by AME. Given the patient's radiating symptoms, and the patient's clinical findings, the request IS medically necessary.