

<b>Case Number:</b>	CM15-0037989		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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, California  
 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 (IW) is a 47 year old female who sustained an industrial injury on 07/05/2011. She has reported increased low back pain radiating into the left leg and rated as a 3-7/10. Diagnoses included mood disorder other, spinal /lumbar degenerative disc disease, and disc degeneration. Treatments to date include chiropractic treatments and the medications of Flector patches, Trazodone, Norco, Cymbalta, Wellbutrin, Ativan, and Cyclobenzaprine. A progress note from the treating provider dated 11/18/2014 indicates there was positive left lumbar facet loading and straight leg raise test is positive. A MRI of 11/03/2014 showed no evidence of disc herniation or spinal stenosis, and multi-level facet degeneration. Treatment plans included diagnostic testing, physical therapy, and continuation of medicine prescriptions. The patient had received function restoration program for this injury. Patient has received an unspecified number of chiropractic and PT visits for this injury. The patient had received median branch block and neurotomy. Per the doctor's note dated 12/30/14 patient had complaints of back pain radiating to left leg at 3-7/10 Physical examination of the low back revealed positive SLR and facet loading test. The patient sustained the injury due to cumulative trauma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy Sessions for Low Back: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**Decision rationale:** The guidelines cited below 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. Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited: Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for 12 Physical Therapy Sessions for Low Back is not fully established for this patient.

**EMG/NCS of Lower Extremities:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Per ACOEM chapter 12 guidelines: 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. Per the ACOEM guidelines cited below: For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. She has reported increased low back pain radiating into the left leg and rated as a 3-7/10. Diagnoses included mood disorder other, spinal/lumbar degenerative disc disease, and disc degeneration. A progress note from the treating provider dated 11/18/2014 indicates there was positive left lumbar facet loading and straight leg raise test is positive. A MRI of 11/03/2014 showed no evidence of disc herniation or spinal stenosis, and multi-level facet degeneration. Patient has received an unspecified number of chiropractic and PT visits for this injury. The patient had underwent median branch block and neurotomy. Per the doctor's note dated 12/30/14 patient had complaints of back pain radiating to left leg at 3-7/10

and physical examination of the low back revealed positive SLR and facet loading test. He has already had conservative treatment. Some of the symptoms are still present, in spite of conservative treatment. The request of EMG/NCS of Lower Extremities is medically necessary and appropriate in this patient to further evaluate the symptoms and signs suggestive of possible radiculopathy .