

Case Number:	CM15-0040524		
Date Assigned:	03/26/2015	Date of Injury:	09/03/2014
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	02/26/2015

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 34 year old, female who sustained an industrial injury on 09/03/2014. According to the only progress report submitted for review and dated 03/18/2015, the injured worker was diagnosed as having spondylosis lumbosacral, pain in joint lower leg and sciatica. Treatment to date has included medications and physical therapy. Currently, the injured worker complains of continued constant low back pain and intermittent tingling in her left leg. She also reported having more heartburn, dyspepsia and nausea and vomiting over the prior two weeks. She was currently using Protonix and a small amount of Naproxen. The provider recommended discontinuation of Naproxen for the next month to see if the nausea improved. The injured worker was to remain at work on full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The patient presents with continued constant low back pain and intermittent tingling in her left leg but denies left leg pain. The request is for EMG of the Bilateral Extremities. The RFA is not provided. Patient's diagnosis included spondylosis lumbosacral, pain in joint lower leg and sciatica. The patient is working full duty. For EMG, ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle, focal neurologic dysfunction, patient with low back pain lasting more than 3 or 4 weeks." The two progress reports provided do not contain any information or discussion pertinent to the request of EMG. There is no RFA provided either. The request is presumably for the patient's back condition but the request does not specify upper or lower, left or right. The patient has low back pain with some left leg symptoms for which an EMG may be reasonable, but not NCV studies unless peripheral neuropathy or other conditions are suspected. No such discussions are provided. The request IS NOT medically necessary.

Physical Therapy Evaluation and Treatment x6 sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine 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 continued constant low back pain and intermittent tingling in her left leg but denies left leg pain. The request is for Physical Therapy Evaluation and Treatment X6 Sessions for the Lumbar Spine. The RFA is not provided. Patient's diagnosis included spondylosis lumbosacral, pain in joint lower leg and sciatica. The patient is working full duty. MTUS 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 over 4 weeks are recommended." Per progress report dated 03/18/15, the patient has received 9 sessions of physical therapy. Treater considers the total amount of therapy received to date as inadequate and states, "The patient continues to work and is motivated to continue as long as she continues to be strong." The request is for 6 additional lumbar physical therapy sessions. Review of the medical records provided does not show any documentation regarding how the previous PT sessions have been beneficial in terms of pain reduction and improved functionality. Other than patient's desire to continue working, treater does not elaborate why on-going therapy is needed and why the patient is unable to transition into a home exercise program. Furthermore, the requested 6 additional sessions combined with the 9 treatments already authorized exceed what is allowed per MTUS. Therefore, the request IS NOT medically necessary.

