MAXIMUS Federal Services

Case Number:	CM15-0042545		
Date Assigned:	03/12/2015	Date of Injury:	12/12/2014
Decision Date:	05/08/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/06/2015

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 45-year-old male with a reported date of injury of 12/12/2014 with a mechanism of injury not provided. The patient's current diagnoses include acute low back injury and lumbosacral discopathy. Past treatment includes the use of medications. Diagnostic studies include x-rays of the lumbar spine, which revealed narrowing of L5-S1, spondylosis versus crush fracture at L4, narrowing at L3-4, and possible compression at L4. There is no surgical history. The clinical note dated 03/04/2015, indicates the injured worker was seen complaints of low back pain that radiates into both feet. The injured worker also states he has intermittent numbness. Objective findings include intact sensation to the lower extremities. It was noted that the patient's only tolerable position was bent over at the waist to about 70 degrees to 80 degrees, leaning on his elbows on the examination table. A full neurological examination was not completely possible due to the injured worker's discomfort and his inability to lie down or sit. The injured worker was unable to toe walk. The injured worker was able to flex and relax the quadriceps and to briefly dorsiflex each foot. The injured worker's medications include Norco and Valium. The treatment plan includes obtaining an electromyogram/nerve conduction study of the bilateral lower extremities, physical therapy 8 sessions and 1 pain management consultation for diagnostics and treatment of the lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram Nerve Conduction Study (EMG/NCS) of the bilateral lower extremities: 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 (ODG) - Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS); EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Guidelines state that electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The clinical documentation submitted for review indicates that the injured worker has not yet completed physical therapy or other conservative care treatments. Given the above, the request for electromyogram/nerve conduction study (EMG/NCV) of the bilateral lower extremities is not medically necessary.

Physical therapy, 8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Therapy Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercises and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. More specifically, the Official Disability Guidelines state that there is strong evidence that physical methods, including exercise and return to normal activities have the best long term outcome in employees with low back pain. The Official Disability Guidelines recommend 10 visits over 8 weeks of physical therapy for the treatment of intervertebral disc disorders without myelopathy. Given the above, the use of physical therapy can help alleviate the injured worker's pain, and can help improve function. In addition, the request for 8 sessions of physical therapy falls in the guideline recommendations for total number of sessions for the injured worker's current diagnosis. Given the above, the request for physical therapy, 8 sessions, is medically necessary.

1 pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, page 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic Pain Programs.

Decision rationale: The request for 1 pain management consultation is not supported. The clinical records indicate that the injured worker has not yet undergone any conservative care treatments, including physical therapy. Conservative care treatments should be performed before pain management consultations are warranted. Given the above, the request for 1 pain management consultation is not medically necessary.