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| Case Number: | CM15-0044194 | | |
| Date Assigned: | 03/16/2015 | Date of Injury: | 07/25/2014 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 02/10/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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: Arizona, 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 is a 48 year old female, who sustained an industrial injury on July 25, 2014. She has reported neck pain, lower back pain, and leg pain. Diagnoses have included lumbar spine sprain, cervical spine sprain/strain, cervical spine radiculopathy, and cervical spine disc displacement. Treatment to date has included medications, physical therapy, and imaging studies. A progress note on 11/24/14 indicated the claimant had C7 radiculopathy on exam. Prior MRI was consistent with C-C7 central stenosis and radiculopathy. A progress note dated February 4, 2015 indicates a chief complaint of neck pain and mid back pain. The treating physician documented a plan of care that included continuation of medications with adjustments, await authorization for physical therapy and electromyogram/nerve conduction velocity study, and follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twelve (12) sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG and cervical strain.

Decision rationale: According to the guidelines, therapy for cervical strain is recommended for up to 8 sessions. In this case, the claimant had undergone an unknown amount of therapy since 9/2014. The 12 sessions requested exceed the amount recommended by the guidelines. There was no indication that therapy cannot be completed at home. As a result, the request for therapy is not medically necessary.

Transcutaneous electrical nerve stimulator-electrical muscle stimulator (TENS-EMS) unit trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The request for a TENS unit is not medically necessary.

Electromyography (EMG) and nerve conduction velocity (NCV) left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the guidelines, an EMG is not recommended for diagnosis of nerve root involvement if history, exam and imaging are consistent. An EMG is recommended for clarification of nerve root dysfunction or suspected disk herniation prior to surgery. An NCV is not recommended in clinically obvious radiculopathy. In this case, prior imaging and exam were corroborated. The EMG/NCV would not provide additional information that would change the management. The request is not medically necessary.