MAXIMUS Federal Services

Case Number:	CM15-0045541		
Date Assigned:	03/17/2015	Date of Injury:	03/24/2006
Decision Date:	04/17/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old male, who sustained an industrial injury on March 24, 2006. He has reported neck pain, mid back pain, lower back pain, bilateral knee pain, upper extremity numbness and tingling, leg pain, anxiety and depression. Diagnoses have included thoracic spine strain/sprain, lumbar spine degenerative disc disease, lumbar spine radiculitis, lumbar spine spondylosis and spondylolisthesis, left knee degenerative disc disease, cervical spine degenerative disc disease, cervical spine radiculitis and radiculopathy, thoracic spine pain, and depression. Treatment to date has included medications, exercise, yoga, lumbar spine epidural steroid injection, right knee injection, left knee arthroscopy, and multiple imaging studies. A progress note dated February 16, 2015 indicates a chief complaint of neck pain, mid back pain, lower back pain, bilateral knee pain, upper extremity numbness and tingling, leg pain, anxiety and depression. The treating physician documented a plan of care that included awaiting approval for bilateral upper extremity electromyogram, electromyogram of the bilateral lower extremities, medications, and possible benefit from epidurals.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUE EMG-NCS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-78 Special Studies and Diagnostic and Treatment Considerations.

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there is no provided indication of neurologic dysfunction that has changed from previous EMG/NCS that is evidential of need for repeat electrodiagnostics, and therefore, per the guidelines, the request for EMG/NCV of the bilateral upper extremities is not considered medically necessary.

Psychotherapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions Page(s): 23.

Decision rationale: The MTUS recommends consideration of psychotherapy after 4 weeks if there is lack of progress from physical medicine alone, beginning with an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may be considered medically appropriate. Per the submitted documents, the patient has not had prior psychotherapy consultation, making the certification of 4 visits per utilization review appropriate. If there is documented evidence of objective improvement following the initial trial, consideration of further treatment is appropriate. The initial request for 12 visits is not considered medically appropriate as the guidelines clearly indicate a need for close follow up and evaluation for functional improvement following an initial trial of 3-4 visits.