

Case Number:	CM15-0046330		
Date Assigned:	03/18/2015	Date of Injury:	09/24/2012
Decision Date:	04/20/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/11/2015

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, Pain Management

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 46 year old female, who sustained an industrial injury on 9/24/12. She reported pain in the left knee and left side related to a slip and fall accident. The injured worker was diagnosed as having chronic low back pain and left knee joint pain. Treatment to date has included physical therapy, TENs unit and pain medications. As of the PR2 dated 1/20/15, the injured worker reports left sciatica with instability at L5-S1. She indicated a 40% reduction of pain with physical therapy. The treating physician requested an addition physical therapy x 12 session for the lumbar spine, a lumbar MRI and an EMG/NCV study of the bilateral lower extremities. 11/11/14 medical report noted low back pain radiating down the left leg to the knee. On exam, there was decreased sensation left S1 and L5 with positive SLR on the left. X-rays identified loss of disc height at L5-S1 and retrolisthesis of L5 on S1 with instability on flexion and extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 12 for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127 Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of 12 prior PT sessions with improved pain, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

MRI of the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. Within the documentation available for review, there are neurological findings on exam and loss of disc height, retrolisthesis, and instability identified on x-ray. The patient has persistent symptoms despite conservative management including physical therapy. In light of the above, the currently requested lumbar MRI is medically necessary.

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS 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 Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG/NCV of the lower extremities, Occupational Medicine Practice Guidelines state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are physical examination findings supporting a diagnosis of specific nerve compromise, but the patient has a pending MRI, the results of which may obviate the need for additional diagnostic testing. Furthermore, there is no clear indication for the NCV component of the test and, unfortunately, there is no provision for modification of the request. In light of the above issues, the currently requested EMG/NCV of the lower extremities is not medically necessary.