

<b>Case Number:</b>	CM15-0057020		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	08/05/2004
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 54-year-old female, who sustained an industrial injury on 8/5/04. She reported right knee pain. The injured worker was diagnosed as having L4-5 spondylolisthesis with left sciatica. Treatment to date has included right knee reconstruction, a home exercise program, and medication including Naproxen, Robaxin, and Tramadol. Physical examination findings on 12/22/14 included tightness to the left thoracic and lumbar spine extending to the sacroiliac joint. Currently, the injured worker complains of back pain and right lower extremity pain and tingling that extends to the foot. The treating physician requested authorization for physical therapy 1x12 and an electromyogram/nerve conduction velocity of bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1 time a week for 12 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**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) Pain section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy one time per week times 12 weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is symptomatic spondylolisthesis grade II L4 - L5 and left sciatica. Date of injury is August 5, 2004. Request for authorization is March 6, 2015. The medical record contains 13 pages. There is a single progress note in the medical record dated December 2, 2014. There is no contemporaneous clinical documentation in the medical record on or about the date of request for authorization (March 6, 2015). The progress note dated December 2014 indicates the injured worker sustained a flare-up with pain 7/10 to the low back that radiates to the left leg. Objectively, sensory examination was normal with no motor function. There was positive straight leg rising. X-rays showed spondylolisthesis at L4 - L5. The treating provider requested physical therapy two times per week from six weeks. There was no subsequent documentation demonstrating objective functional improvement. There were no physical therapy progress notes in the medical record. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent contemporary clinical documentation demonstrating objective functional improvement, physical therapy progress notes and contemporary progress note on or about the date of request for authorization, physical therapy one time per week times 12 weeks is not medically necessary.

**EMG/NCV of the bilateral lower extremities:** 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), Low Back Chapter, and Nerve conduction studies (NCS).

**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 section, EMG/NCV.

**Decision rationale:** Pursuant to the Official Disability Guidelines and the ACOEM, EMG/NCV bilateral lower extremities are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnosis is symptomatic spondylolisthesis grade II L4 - L5 and left sciatica. Date of injury is August 5, 2004. Request for authorization is March 6, 2015. The medical record contains 13

pages. There is a single progress note in the medical record dated December 2, 2014. There is no contemporaneous clinical documentation in the medical record on or about the date of request for authorization (March 6, 2015). The progress note dated December 2014 indicates the injured worker sustained a flare-up with pain 7/10 to the low back that radiates to the left leg.

Objectively, sensory examination was normal with no motor function. There was positive straight leg rising. X-rays showed spondylolisthesis at L4 - L5. There is no contemporary progress note documentation on or about the date of request for authorization (March 6, 2015). As a result, there is no clinical indication or rationale for an EMG/NCV bilateral lower extremity study. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. Subjectively, the injured worker has a left lower extremity radiculopathy. Consequently, absent contemporary clinical documentation on or about the date of request for authorization, a clinical indication and rationale and guideline non-recommendations stating minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy, EMG/NCV bilateral lower extremities are not medically necessary.