MAXIMUS Federal Services

Case Number:	CM14-0108290		
Date Assigned:	08/01/2014	Date of Injury:	07/14/2011
Decision Date:	11/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 28 year-old male was reportedly injured on 7/14/2011. He underwent a lumbar decompression at L4-L5, L5-S1 on 3/18/2013. The mechanism of injury is noted as a low back injury after the claimant slipped while carrying a 15 pound tray. The most recent progress note, dated 8/7/2014, indicates that there are ongoing complaints of low back pain with left lower extremity symptoms. The physical examination demonstrated no signs of infection of lumbar spine; lumbar range of motion percent of normal: flexion 50%, extension 40%, lateral tilt 40%, and rotation 50%; positive straight leg raise left; spasm lumbar paraspinal musculature. No recent diagnostic imaging studies available for review. Diagnosis: neurological deficit left L4-L5, objectify, status post lumbar decompression. Previous treatment includes lumbar spine surgery, physical therapy, home exercises, TENS and medications to include Tramadol ER, Orphenadrine, Cyclobenzaprine and NSAID's. A request had been made for Electromyography Bilateral Lower Extremity; Nerve Conduction Study Bilateral Lower Extremity; and Physical Therapy 3 times a week for 4 weeks, which were not certified in the pre-authorization process on 7/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography Bilateral Lower Extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Low Back Disorders - Diagnostic Investigations (electronically sited).

Decision rationale: MTUS/ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. As reported in the August 7, 2014 progress note, there are ongoing complaints of low back pain (5/10) in the course of physical therapy has been completed. The physical examination noted no signs of infection, a normal lumbar spine range of motion, and no evidence of a neurologic compromise. Furthermore, a review of the medical records fails to document an MRI or CT of the lumbar spine after the lumbar decompression in March 2013. As such, the clinical records necessary to support this request are not presented.

Nerve Conduction Study Bilateral Lower Extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Low Back Disorders - Diagnostic Investigations (electronically sited).

Decision rationale: MTUS/ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The diagnosis list indicates that there was a neurologic deficit; however, there was no increase in the noted loss. There isn't any noted loss on physical examination and a recent surgery. Therefore, the criterion noted in the guidelines that support this intervention has not been met negating the medical necessity for this request.

Physical Therapy to the Lumbar spine 3 times a week for 4 weeks: 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 Page(s): 98-99.

Decision rationale: MTUS guidelines support postsurgical physical therapy and recommend a maximum of 16 visits over 8 weeks within 6 months of a lumbar discectomy or laminectomy. The progress note from August 2014 indicates a number of physical therapy sessions have been completed. Guidelines also support 10 visits of physical therapy for the management of chronic pain, to include myalgia and radiculitis. The physical examination noted a normal range of motion, and a positive straight leg raise. That point notwithstanding, transition to home exercise

protocol is all that would be supported. The claimant has exceeded the allowable number of physical therapy sessions and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary.