

Case Number:	CM14-0185123		
Date Assigned:	11/13/2014	Date of Injury:	10/17/2011
Decision Date:	12/19/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/06/2014

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 Interventional Spine 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 patient is a 70 year old male with an injury date of 10/17/11. Per physician's progress report dated 09/30/14, the patient complains of neck, back and bilateral shoulder pain. He is also experiencing numbness in left leg and both hands along with severe headaches, weakness in the right leg, and weakness in bladder. Physical examinations of the neck and the spine reveal stiff, tender and spastic paraspinal muscles. The forward flexion of neck is at 10 degrees, extension at 0 degrees, and right and left lateral flexion are at 5 degrees. Shoulders are tender, spastic, and have a very limited range of motion. Dorsal spine paraspinal muscles are tender, while lumbar spine paraspinal muscles are tender and spastic. Physical examination of the back reveals decreased sensation to light touch and pinprick in the left side of the body including the left upper and lower extremities. The patient has been using Celebrex, Cyclobenzaprine and Lidoderm patch for pain, as per progress report dated 09/30/14. The utilization review denial letter states that the patient received 4 sessions of physical therapy as of 01/07/13 (No reports were available for independent assessment.)MRI of the Lumbar and lumbosacral spine, as per progress report dated 09/30/14, revealed: - Levoconvex curvature of the lumbar spine- Disc dissection and mild disc height loss at L4-5- Moderate to severe disc height loss at L5-S1Diagnosis, 09/30/14- Neck pain due to trauma- Shoulder pain due to trauma- Back pain due to trauma- Cervical disc- Lumbar disc- Severe headacheThe provider is requesting for (a) physical therapy with modalities (ultrasound, massage, tens) 2 times a week for 8 weeks for the neck and the lower back. (b) Electromyogram/nerve conduction velocity (EMG/NCV) for bilateral upper and lower extremities. The utilization review determination being challenged is dated 10/22/14. The rationale follows: (a) physical therapy with modalities (ultrasound, massage, transcutaneous electrical nerve stimulator (TENS)) 2 times a week for 8 weeks for the neck and the lower back -

"Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels."(b) EMG/NCV for bilateral upper and lower extremities - "EMG and H-reflex tests are specifically recommended to clarify nerve root dysfunction but are not recommended for clinically obvious radiculopathy." Treatment report was provided for 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with modalities (ultrasound, massage, TENS) 2 times a week for 8 weeks for the neck and low back: 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 rationale: MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed."The utilization review denial letter states that the patient received 4 sessions of physical therapy as of 01/07/13. However, there is no documentation about the total number of physical therapy sessions received by the patient. The reports do not indicate any improvement in pain or functionality due to these sessions. Additionally, the new request of 16 sessions exceeds the number allowed by MTUS for such conditions. Therefore, the request is not medically necessary.

EMG/NCV for bilateral lower and upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The patient presents with neck, back and bilateral shoulder pain along with numbness in left leg and both hands; weakness in the right leg; and a weak bladder, as per progress report dated 09/30/14. There are no pain ratings available.For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG guidelines under foot/ankle chapter do not discuss electrodiagnostics. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests

may be repeated later in the course of treatment if symptoms persist."In this case, the patient presents with radiculopathy and possible peripheral neuropathy, as per progress report dated 09/30/14. These conditions may require electrodiagnostic studies to differentiate. Review of the reports does not show evidence of prior electrodiagnostic studies. The provider raises the question of peripheral neuropathy for which NCS is required. Given the patient's conditions of both upper and lower extremity issues, recommendation is for authorization.