

<b>Case Number:</b>	CM14-0096195		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/19/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Occupational 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:

According to the records made available for review, this is a 44-year-old female with a 10/19/08 date of injury. At the time (5/19/14) of the request for authorization for physical therapy, EMG - bilateral lower extremities, NCV - bilateral lower extremities, and psychological evaluation, there is documentation of subjective (pain axial lumbar and bilateral buttocks and travels to right sciatic notch to posterior thigh then down to calf posterior and to right foot, great toe, and lateral foot, most significant pain posterior thigh and going to knee) and objective (right peroneal 4-/5, extensor hallucis longus 4-/5, posterior tibial 4/5, unable to do right side single stance toe rise consistent with right gastroc weakness) findings, current diagnoses (lumbar radiculitis, spondylosis with lumbar myelopathy, and lumbosacral spondylosis), and treatment to date (medications and injections). In addition, there is documentation that psych evaluation is requested as part of pre-op protocol. Regarding physical therapy, it cannot be determined if this is a request for initial or additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY:** 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 physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of radiculitis not to exceed 12 visits over 8 weeks. ODG also notes 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 a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculitis, spondylosis with lumbar myelopathy, and lumbosacral spondylosis. However, given documentation of a 10/19/08 date of injury, where there would have been an opportunity to have had previous physical therapy, it is not clear if this is a request for initial or additional (where physical therapy provided to date may have already exceeded guidelines regarding frequency) physical therapy. Therefore, based on guidelines and a review of the evidence, the request for physical therapy is not medically necessary.

**EMG- BILATERAL LOWER EXTREMITIES:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculitis, spondylosis with lumbar myelopathy, and lumbosacral spondylosis. In addition, there is documentation of evidence of radiculopathy after 1-month of conservative therapy. Therefore, based on guidelines and a review of the evidence, the request for EMG - bilateral lower extremities is medically necessary.

**NCV- BILATERAL LOWER EXTREMITIES: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculitis, spondylosis with lumbar myelopathy, and lumbosacral spondylosis. In addition, there is documentation of evidence of radiculopathy after 1-month of conservative therapy. Therefore, based on guidelines and a review of the evidence, the request for NCV - bilateral lower extremities is medically necessary.

**PSYCHOLOGICAL EVALUATION: 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 Official Disability Guidelines (ODG) Low Back, Psychological screening.

**Decision rationale:** MTUS does not address the issue. ODG identifies psychological screening is recommended as an option prior to surgery, or in cases with expectations of delayed recovery. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculitis, spondylosis with lumbar myelopathy, and lumbosacral spondylosis. In addition, there is documentation that psych evaluation is requested as part of pre-op protocol. However, there is no documentation of a pending surgical procedure that is authorized or certified. Therefore, based on guidelines and a review of the evidence, the request for psychological evaluation is not medically necessary.