

Case Number:	CM14-0212552		
Date Assigned:	01/02/2015	Date of Injury:	08/04/2014
Decision Date:	02/19/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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, Florida, Texas
 Certification(s)/Specialty: Internal Medicine, Occupational 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:

According to the records made available for review, this is a 56-year-old male with an 8/4/14 date of injury. At the time (11/6/14) of request for authorization for physical therapy; eight (8) sessions (2 times a week for 4 weeks), home interferential unit, and EMG/NCV, bilateral upper extremities, there is documentation of subjective (neck as well as left arm pain with numbness) and objective (tenderness over cervical spine with decreased range of motion, cervical paravertebral muscle spasm, and positive shoulder depression as well as cervical compression test) findings, current diagnoses (cervical myospasm, cervicgia, cervical radiculopathy, cervical sprain/strain, and cervical intervertebral disc displacement without myelopathy), and treatment to date (3 sessions of physical therapy treatments and medications). Medical report identifies an associated request for MRI of cervical spine. Regarding physical therapy; eight (8) sessions (2 times a week for 4 weeks), there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous physical therapy to date. Regarding home interferential unit, there is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Regarding EMG/NCV, bilateral upper extremities, there is no documentation of failure of additional conservative treatments (physical modalities); and that clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; eight (8) sessions (2 times a week for 4 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Physical Therapy (PT), Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

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 sprains and strains of neck not to exceed 10 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 cervical myospasm, cervicgia, cervical radiculopathy, cervical sprain/strain, and cervical intervertebral disc displacement without myelopathy. In addition, there is documentation of 3 sessions of physical therapy treatments completed to date, functional deficits, and functional goals. However, given documentation of a request for additional 8 sessions, in addition to the treatments already completed, which would exceed guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous physical therapy treatments completed to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy; eight (8) sessions (2 times a week for 4 weeks) is not medically necessary.

Home interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Interferential Current Stimulation (ICS). Page(s): 118-120.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Within the medical information available for review, there is documentation of diagnoses of cervical myospasm, cervicgia, cervical radiculopathy, cervical sprain/strain, and cervical intervertebral disc displacement without myelopathy. However, there is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore, based on guidelines and a review of the evidence, the request for home interferential unit is not medically necessary.

EMG/NCV, bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back, Electrodiagnostic Studies (EDS)

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. ODG identifies that EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses of cervical myospasm, cervicgia, cervical radiculopathy, cervical sprain/strain, and cervical intervertebral disc displacement without myelopathy. In addition, given documentation of subjective (neck as well as left arm pain with numbness) and objective (positive cervical compression test) findings, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment. However, given documentation of an associated request for physical therapy, there is no documentation of failure of additional conservative treatments (physical modalities). In addition, given documentation of an associated request for MRI of cervical spine, there is no documentation that clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Therefore, based on guidelines and a review of the evidence, the request for EMG/NCV, bilateral upper extremities is not medically necessary.