

Case Number:	CM14-0216618		
Date Assigned:	01/06/2015	Date of Injury:	10/27/2011
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/26/2014

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with an injury date of 10/27/2011. The mechanism of injury is described as having sustained pain in his right calf as he stepped out of vehicle and onto unlevelled ground. He noted being unable to finish work due to pain. He saw an occupational physical and was diagnosed with a sprain. The following day he reported complaints of pain in his neck, back and inguinal area of which he reported to occupational health and was told these were unrelated complaints. Furthermore he did undergo orthopedic evaluation, used crutches and attended physical therapy with temporary relief. Thereafter, he had even received one lumbar epidural injection without improvement and subsequently, on 10/23/2013 he underwent cervical spine surgery. Thereafter, he participated in rehabilitation therapy. Recommendation then prompted for lumbar spine intervention. A QME evaluation note dated 10/30/2014 described an initial pain management evaluation. He is prescribed the following medications; Norco, MS Contin, Colace, Elavil and a non-steroidal anti-inflammatory. A request for services dated 11/14/2014 asking for physical therapy treating both cervical and lumbar spine along with EMG/NCV diagnostic testing to bilateral legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral legs: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309.

Decision rationale: The request for an EMG/NCV of the lower extremities is considered medically necessary. EMG/NCV is used to clarify nerve root dysfunction and is not indicated for obvious radiculopathy. The chart mentions that he had lower back pain with decreased strength and decreased sensation in specific dermatomes that was corroborated with radiographic findings. He had a lumbar MRI and CT scan showing lower lumbar degenerative disc disease with lumbar spinal stenosis and herniated nucleus pulposus. Therefore, the request is considered medically necessary.

Physical therapy for cervical and lumbar spine: 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: The request is considered not medically necessary. The patient has exceeded the recommended number of physical therapy sessions as per MTUS guidelines. According to MTUS guidelines, the maximum number of sessions is 10 for myalgias/neuralgias which the patient has already exceeded with a subsequent recommendation for continuation of a home exercise program. The patient should be proficient at a home exercise program at this point. Additional physical therapy sessions would be medically unnecessary as per guidelines.