

Case Number:	CM14-0084124		
Date Assigned:	03/09/2015	Date of Injury:	02/27/2013
Decision Date:	06/12/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/05/2014

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 York

Certification(s)/Specialty: Pediatrics, Internal 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:

The injured worker is a 35 year old male who sustained a work related fall injury when a ladder broke and he landed on his feet on February 27, 2013. The injured worker underwent a microdiscectomy at L5-S1 on April 21, 2014. Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies on March 13, 2104 of the bilateral upper and lower extremities were normal. The injured worker was diagnosed with cervical sprain, left upper extremity radiculopathy, left shoulder derangement with impingement, right shoulder sprain, left ulnar neuritis chronic pain associated with mood disorder. According to the primary treating physician's progress report on May 6, 2014 the patient continues to experience low back pain with left buttock and left lower extremity weakness, positive bilateral straight leg raise, neck pain radiating to the left shoulder with left upper extremity weakness, ulnar dysesthesias from the medial elbow into the left 4th and 5th finger and positive bilateral Tinel's at medial epicondyles- left greater than right. The injured worker uses a cane for ambulation. Current medications are listed as Norco, Cyclobenzaprine, Nortriptyline, Omeprazole, Ibuprofen, Baclofen, Topamax and Voltaren gel. Treatment modalities consist of 24 completed post-operative physical therapy sessions, continue psychotherapy and medication. There was no discussion of a home exercise program in place. The treating physician requested authorization for Physical Therapy 12 visits; EMG/NCS bilateral upper extremities; EMG/NCS bilateral lower extremities; Refill Abilify 5mg tabs; Transportation 2 to3 times a week for Physical Therapy, Doctor Appointments. On May 27, 2014 the Utilization Review denied certification for Physical Therapy 12 visits; EMG/NCS bilateral upper extremities; EMG/NCS bilateral lower extremities. On May 27, 2014 the Utilization Review modified the request from Refill Abilify 5mg tabs to

one (1) month refill of Abilify 5mg tabs; modified the request for Transportation 2 to3 times a week Physical Therapy, Doctor Appointments to Transportation for one (1) month of Doctors appointments only. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines, the Official Disability Guidelines (ODG) and the Department of Health Care Services-California.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Per MTUS and ODG guidelines, postsurgical physical therapy for intervertebral disc disorder without myelopathy is recommended. The maximum treatment recommendations are 16 visits over 8 weeks. The documentation notes that the Injured Worker has already completed 24 visits post surgically and no notation of what further PT would achieve. This request is not medically necessary.

EMG/NCS bilateral upper extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

Decision rationale: Per ODG guidelines electromyography (EMG) and nerve conduction studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, According to the progress notes there was no neurological findings on exam that would indicate the need for EMG/NCV. This request is not medically necessary and appropriate.

EMG/NCS bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines for Low Back Chapter EMGs and nerve conduction studies (Bigos 1999).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to MTUS guidelines electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. MTUS does not have recommendations regarding NCS. ODG states that EMG is recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1- month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. ODG states that NCS is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Due to the request being for both studies and lack of clinical findings of a radiculopathy it is not medically necessary.

Refill Abilify 5mg tabs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress.

Decision rationale: Not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. According to the documentation the Injured Worker has chronic pain and associated mood disorder which are not indications for Abilify. This request is not medically necessary.

Transportation 2to3x week Physical Therapy and Doctor Appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department Of Health Care Services - California, Criteria for Medical Transportation and Related Services Chapter 12.1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg - Transportation (to & from appointments).

Decision rationale: Per ODG guidelines transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. There is no notation that the Injured Worker requires nursing home level of care and thus the request is not medically necessary.