

Case Number:	CM15-0018009		
Date Assigned:	02/05/2015	Date of Injury:	06/10/2012
Decision Date:	03/25/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/30/2015

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: Arizona, California

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 26 year old woman sustained an industrial injury on 6/10/2012. The mechanism of injury is not detailed. Current diagnoses include thoracic/lumbosacral niritis/radicullitis and lumbar spine sprain/strain. Treatment has included oral medications. A progress note on 9/12/14 indicated the claimant had undergone prior physical, chiropractor and acupuncture therapy. A progress note on 11/6/14 indicated decreased sensation and strength in the L5-S1 dermatome. Seated and straight leg raise were positive. Physician notes on a PR-2 dated 12/16/2014 show complaints of intermittent low back pain. Requests are made for physical therapy and acupuncture to increase range of motion and decrease pain and spasms, MRI of the low back, NCV/EMG of the bilateral lower extremities, and MD consultation for medication. On 12/29/2014, Utilization Review evaluated prescriptions for eight sessions of physical therapy to the lumbar spine, eight sessions of acupuncture to the lumbar spine, and EMG/NCV to the bilateral lower extremities, that were submitted on 1/24/2015. The UR physician noted the following: regarding physical therapy, the worker has previously attended physical therapy sessions. The exact number of sessions is unknown, but she was instructed in home exercises. Regarding acupuncture, acupuncture was trialed before with good functional improvement documented. Regarding EMG/NCV, this test is not necessary when radiculopathy is already clinically obvious. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests for physical therapy and EMG/NCV were denied, the request for acupuncture was modified. All requests were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) 2 times 4 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The amount of prior therapy completed is unknown. Consequently, additional therapy sessions are not medically necessary.

Acupuncture treatment 2 times 4 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It takes 3-6 sessions to see functional improvement. In this case, the claimant had undergone an unknown amount of acupuncture in the past. Documentation of sessions or functional response are not provided. The request for additional acupuncture is not medically necessary.

Electromyogram (EMG)/Nerve Conduction Velocity (NCV) of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to the the guidelines, electrodiagnostic studies are not recommended for clinically obvious radiculopathy. In addition it is recommended for

clarification of nerve root dysfunction. In this case, the clinical exam defined radiculopathy at the L5-S1 level. The EMG/NCV would not offer further information that would change the treatment plan. The request for EMG/NCV is not medically necessary.