

Case Number:	CM15-0018479		
Date Assigned:	02/06/2015	Date of Injury:	09/11/2014
Decision Date:	03/27/2015	UR Denial Date:	01/02/2015
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 an industrial injury on 9/11/14. He has reported low back injury after pulling a bow weighing 250 pounds into a trailer working as an installer. The diagnoses have included lumbosacral sprain and lumbar radiculopathy. Treatment to date has included medications, diagnostics, conservative measures, acupuncture and physical therapy. Currently, the injured worker complains of constant lumbar spine pain rated 8/10 and described as achy, sharp, stabbing, throbbing, burning, stiff, heavy, with numbness, tingling, weakness and cramping. The pain is aggravated by cold weather, movement, lifting and activity and relieved with medication. The physical exam revealed range of motion was decreased and painful in the lumbar spine, there was tenderness to palpation, muscle spasm, straight leg raise causes pain bilaterally and Kemp's test causes pain bilaterally. Treatment was to await orthopedic consult, medication, physical therapy, request Transcutaneous Electrical Nerve Stimulation (TENS), bilateral extremity nerve test and review x-ray report. Work status was to remain off work until 2/5/15. On 1/2/15 Utilization Review non-certified a request for Physical Therapy 2 times a week for 4 for the low back and Bilateral Lower Extremity Nerve Testing, noting that regarding the Physical Therapy the records reflect that the injured worker did not report improvement with previous physical therapy so additional physical therapy is not appropriate. Regarding the Bilateral Lower Extremity Nerve Testing there was no evidence of neurologic deficit to warrant concern for lumbar radiculopathy or peripheral neuropathy. The (MTUS) Medical Treatment Utilization Schedule, (ACOEM) Occupational Medicine Practice Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 visits for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: According to MTUS guidelines, Physical Medicine is “recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient- specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment.” (Fritz, 2007) There is no documentation of the efficacy and outcome of previous physical therapy sessions. According to the orthopedic evaluation report dated October 21, 2014, the patient reported that he received 5 sessions of physical therapy with no improvement. There is no recent objective findings that support musculoskeletal dysfunction requiring additional physical therapy instead of home exercise. Therefore, Additional physical therapy 2x4 lumbar spine is not medically necessary.

Bilateral Lower Extremity Nerve Testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation ACOEM = EMG/NCV (Electromyography-nerve conduction velocity)

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

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM 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.” EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. “When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks” (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). Although the patient developed low back pain, there is no clear evidence that the patient developed peripheral nerve dysfunction or nerve root dysfunction. MTUS guidelines does not recommend EMG/NCV without signs of radiculopathy or nerve dysfunction. Therefore, the request for Bilateral Lower Extremity Nerve Testing is not medically necessary.