

Case Number:	CM15-0116845		
Date Assigned:	06/25/2015	Date of Injury:	03/10/2014
Decision Date:	07/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female who sustained an industrial injury on 3/10/14 when she noticed constant achy in the low back and stomach as well as burning in the shoulders from constantly lifting residents. She was medically evaluated. She was diagnosed with irritable bowel syndrome and because of the back pain was given medication and rest. In addition, she had physical therapy, acupuncture, x-rays, shockwave therapy. She currently complains of continued neck and low back pain radiating to both legs with numbness in both feet; bilateral anterior shoulder and carpal tunnel pain in the wrist (left worse than right) and gripping causes her pain (8/10). On physical exam, there was limited range of motion of the lumbar and cervical spine with decreased sensation. Medications are Tramadol, Flexeril. Diagnoses include cervical sprain/strain; sciatica; displacement lumbar intervertebral disc without myelopathy. Treatments to date include physical therapy; medication; home exercise; heat therapy; acupuncture. Diagnostics include MRI of the lumbar spine (4/11/14) showing disc desiccation, degenerative changes, disc protrusion; MRI of the left shoulder (5/1/14) showing tendinitis, bursitis, joint effusion; electromyography (6/9/14) of cervical spine and upper extremities was normal; nerve conduction studies of upper extremities (6/9/14) abnormal. In the progress note dated 6/3/15 the treating provider's plan of care included requests for additional physical therapy for the neck, back, arm and left leg twice per week for four weeks; electromyography/nerve conduction studies for bilateral upper and lower extremities. A progress report dated June 3, 2015 identifies decreased sensation in the left L5/S1 dermatome and left C6 dermatome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x4 cervical, lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 298, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy, Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, it is unclear how many therapy sessions the patient has already undergone, making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for her diagnoses. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

EMG/NCV to the bilateral upper extremities: Upheld

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 Chapter, Electro Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for EMG/NCS of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, it appears the physical examination already at advised findings in a specific dermatomal distribution. Additionally, it appears the patient has previously undergone electrodiagnostic testing of the upper extremities. It is unclear how further electrodiagnostic testing would change the current treatment plan. In the absence of clarity regarding those issues, the currently requested EMG/NCS of bilateral upper extremities is not medically necessary.

EMG/NCV to the bilateral lower extremities: Upheld

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 Chapter, Electro Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG/NCV of the lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, it appears that the patient has findings in a specific dermatomal distribution. Additionally, it appears the patient has already had magnetic resonance imaging of the lumbar spine. It is unclear how the currently requested electrodiagnostic studies will change the current treatment plan. As such, the currently requested EMG/NCV of the lower extremities is not medically necessary.