

<b>Case Number:</b>	CM15-0117293		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	11/19/2011
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male patient who sustained an industrial injury on 11/19/2011. A recent primary treating office visit dated 04/16/2015 reported present complaints of with no changes in symptom. He reports constant severe low back pain which occasionally radiates into left buttock, posterior lateral thigh associated with numbness and tingling. He is diagnosed with having lumbar strain; advanced degenerative disc disease L5-S1; moderate bilateral foraminal stenosis L5-S1; moderate right foraminal stenosis due to right foraminal disc protrusion at L4-5; bilateral shoulder impingement, and full thickness right rotator cuff tear. The patient has reached maximal medical improvement and may return to a modified work duty. The plan of care noted recommendation for surgical consultation, pain management consultation and nerve conduction study of left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2013.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303.

**Decision rationale:** This claimant was injured in 2011. As of 4/16/2015, the claimant had no change in symptoms. There is constant subjective severe low back pain, which occasionally radiates into left buttock, posterior lateral thigh associated with subjective numbness and tingling. Objective or equivocal signs of neurologic issues that might need electro diagnostic confirmation are not noted. The claimant reached maximal medical improvement and returned to modified work duty. The MTUS ACOEM notes that electro diagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a definitive neurologic exam showing definitive or equivocal signs that might warrant clarification with electro diagnostic testing. There are subjective reports, but no objective confirmation documented on a neurologic examination. The request is not medically necessary.

**12 physical therapy sessions (2x6): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

**Decision rationale:** As shared previously, this claimant was injured in 2011. As of 4/16/2015, the claimant had no change in symptoms. There is constant subjective severe low back pain, which occasionally radiates into left buttock, posterior lateral thigh associated with subjective numbness and tingling. The claimant reached maximal medical improvement and returned to modified work duty. The MTUS does permit physical therapy in chronic situations, noting that one should 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 conditions mentioned are Myalgia and myositis, unspecified (ICD9 729. 1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729. 2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337. 2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy is not medically necessary.

