

Case Number:	CM15-0123166		
Date Assigned:	07/27/2015	Date of Injury:	03/09/2010
Decision Date:	08/25/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/26/2015

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 56 year old female who sustained an industrial/work injury on 3/9/10. She reported an initial complaint of back and leg pain. The injured worker was diagnosed as having lumbosacral radiculopathy, cervical radiculopathy, shoulder bursitis, wrist bursitis, and thoracic sprain/strain. Treatment to date includes medication, surgery (right shoulder arthroscopy, decompression, Mumford procedure, SLAP (superior labrum anterior/posterior) repair and bursal debridement with residual adhesive capsulitis and muscle weakness), diagnostics, physical therapy, acupuncture, trigger point injections to neck and right shoulder, transcutaneous electrical nerve stimulation (TENS) unit, and cervical collar. MRI results were reported on 6/19/15. Currently, the injured worker complained of chronic neck, low back, and bilateral shoulder pain with difficulty with performing activities of daily living. There was radiating pain down the lower extremities with numbness, tingling, and weakness. Per the primary physician's report (PR-2) on 4/1/15, exam noted no new joint swelling, normal neurological exam, no rheumatoid arthritis deformities. The requested treatments include EMG/NCV of bilateral lower extremities and 12 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral lower extremities: Upheld

Claims Administrator 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, Lumbar & Thoracic (Acute & Chronic) - EMGs (Electromyography) and NCV (Nerve conduction studies).

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 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, there are physical examination findings supporting a diagnosis of specific nerve compromise. However, there is a pending lumbar MRI, the results of which may obviate the need for additional testing such as EMG. Furthermore, there are no clinical findings suggestive of peripheral neuropathy to support the need for NCV testing and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested EMG/NCV of the lower extremities is not medically necessary.

12 physical therapy sessions: 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 Page(s): 98-99. Decision based on Non-MTUS Citation (ODG), Low Back Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) 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 no documentation of specific objective functional improvement with any 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. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.