

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0163450 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 03/19/2014 |
| Decision Date: | 12/16/2015 | UR Denial Date: | 08/05/2015 |
| Priority: | Standard | Application Received: | 08/20/2015 |

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female, with a reported date of injury of 03-19-2014. The diagnoses include protrusion L4-5 and L5-S1 with foraminal narrowing, lumbar radiculopathy, and lumbar myofascial pain. The follow-up consultation report dated 07-31-2015 indicates that the injured worker complained of low back pain with lower extremity symptoms, rated 7 out of 10; and thoracic spine pain, rated 5 out of 10. On 07-10-2015, the injured rated her low back pain 7 out of 10 and her thoracic spine pain 5 out of 10. The objective findings include tenderness of the lumbar spine, lumbar flexion at 50 degrees, lumbar extension at 40 degrees, left and right lateral tilt of the lumbar spine at 30 degrees, left and right rotation of the lumbar spine at 30 degrees, spasm of the lumboparaspinal musculature, and a slow, deliberate, and non-antalgic gait. The injured worker's status was noted as temporarily totally disabled for 4 weeks. The medical records did not include the previous physical therapy reports. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Tramadol, Pantoprazole, Cyclobenzaprine, and physical therapy. The treating physician requested additional physical therapy three times a week for four weeks for the lumbar spine and EMG-NCV (electromyography and nerve conduction velocity) of the bilateral lower extremities. On 08-05-2015, Utilization Review (UR) non-certified the request for additional physical therapy three times a week for four weeks for the lumbar spine and EMG-NCV (electromyography and nerve conduction velocity) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 x a week for 4 weeks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with spasm of the lumboparaspinal musculature and a slow, deliberate, and non-antalgic gait. The current request is for additional physical therapy 3 x a week for 4 weeks for lumbar spine. The treating physician states, in a report dated 07/31/15, "Continue with request for additional physical therapy lumbar spine at 3 times per week for 4 weeks." The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, the requested 12 additional sessions would exceed MTUS Guidelines. The patient should now be able to transition into a self-directed home exercise program to improve strength and flexibility. The current request is not medically necessary.

EMG/NCV bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back chapter, Nerve conduction studies (NCS) and Other Medical Treatment Guidelines ACOEM, Chapter 12, page 303, Special Studies and Diagnostic and Treatment Considerations, EMG.

Decision rationale: The patient presents with spasm of the lumboparaspinal musculature and a slow, deliberate, and non-antalgic gait. The current request is for EMG/NCV bilateral extremities. The treating physician states, in a report dated 07/31/15, "Continue with request for EMG/NCV of the bilateral lower extremities." The ACOEM guidelines state, "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." The ODG guidelines go on with further discussion of EMG/NCV stating that EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy. The MTUS guidelines are silent on NCVs. ODG discusses nerve conduction studies as not being recommended for lower back pain alone. The patient has been diagnosed with Protrusion L4-5 and L5-S1 with foraminal narrowing, lumbar radiculopathy, and lumbar myofascial pain. Additionally, the treating physician states, "Lower extremity neurologic component remains disproportionate and does continue to crescendo with resultant decline and function as well as instability and near falls." As this request is not being made for back pain alone and the treating physician is seeking unequivocal evidence of radiculopathy, the current request is medically necessary.