

<b>Case Number:</b>	CM15-0173640		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	04/10/2015
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: 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 49-year-old female, who sustained an industrial-work injury on 4-10-15. She reported initial complaints of pain to the neck, low back, and left hip. The injured worker was diagnosed as having lumbar-sacral degenerative disc disease, cervical disc degeneration, sprain of neck, sprain of lumbar region, and contusion. Treatment to date has included medication, diagnostics, and physical therapy (6 sessions.) X-rays were reported per physicians report on 7-23-15 to demonstrate cervical spine to be within normal limits except for minimal degenerative changes, C6-7. Lumbar spine is within normal limits except for minimal degenerative changes, and pelvis is within normal limits. Currently, the injured worker complains of on and off neck pain with radiation into the left arm associated with numbness and tingling. There is stiffness and soreness in her neck. There is constant low back pain with radiation into the left hip-leg, associated with numbness and tingling, occurring on and off through the day. Per the primary physician's progress report (PR-2) on 7-23-15, exam notes cervical spine range of motion without palpable tenderness, decreased range of motion to the lumbar spine with guarding bilateral paravertebral tenderness, left trochanter area tenderness, straight leg raise is positive on the left at 70 degrees, and increase in lumbar lordosis. The Request for Authorization requested service to include MRI of the lumbar spine without contrast, Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities, and Physical therapy 3 times a week for weeks for the lumbar spine. The Utilization Review on 8-6-15 denied the request for MRI (magnetic resonance imaging) due to not meeting criteria for the testing, denied the EMG-NCV due to lack of documentation noting a change in medical

condition-neurological change; and denied Physical Therapy due to lack of documentation of functional improvement from prior sessions, per ODG ( Official Disability Guidelines) and CA MTUS (California Medical Treatment Utilization Schedule) Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** MTUS Guidelines do not support the use of spinal MRI studies unless there are red flag conditions (i.e. tumor, infection....) suspected, the presence of persistent objective neurological dysfunction, or they are necessary for procedural planning. None of these qualifying circumstances are documented to be present. There is noted to be intermittent numbness in the left leg, but the dermatomal location and supporting physical examination is lacking. There is no neurological exam documented supporting a reasonable diagnosis of radiculopathy. Now with the available documentation, the requested MRI of the lumbar spine without contrast is not supported by Guidelines and is not medically necessary.

**Electromyograph (EMG) and nerve conduction velocity (NCV) of 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, Electrodiagnostic testing (EMG/NCS), Low Back Chapter, Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Electrodiagnostic testing.

**Decision rationale:** MTUS Guidelines do not support the use of electrodiagnostic studies unless there is reasonable evidence of persistent neurological dysfunction. This standard has not been met as there is no detailed description of subjective complaints and inadequate neurological examination to establish a possible radiculopathy. In addition, the ODG Guideline provide additional details regarding the type of testing that is recommended and it does not recommend nerve conduction studies for the evaluation of a possible radiculopathy. There are no unusual circumstances to justify an exception to the Guidelines. The request for the Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities is not supported by Guidelines and is not medically necessary.

**Physical therapy 3 times a week for weeks for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Physical Therapy.

**Decision rationale:** MTUS Guidelines recommend a few sessions of physical therapy for low back pain and up to 10 sessions as adequate if the pain is persistent. This is consistent with ODG Guidelines, which considers up to 9 sessions of supervised physical therapy as adequate for this individuals condition. A few more sessions would be consistent with Guidelines, but the request for an additional 18 sessions of physical therapy significantly exceeds Guidelines without justification. The request for physical therapy 3 times a week for 6 weeks for the lumbar spine is not supported by Guidelines and is not medically necessary.