

Case Number:	CM15-0026139		
Date Assigned:	02/18/2015	Date of Injury:	12/31/2012
Decision Date:	04/01/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/11/2015

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 52 year old female, who sustained an industrial injury reported on 12/31/2012. She has reported continuous radiating low back pain that interferes with sleep and activity. The history is noted to include multiple previous injuries involving motor vehicle accidents and several slip and fall accidents, and involving the neck, ankles, left shoulder, and right elbow and knee. The diagnoses were noted to have included lumbar disc protrusion with annular tear and nerve root impingement; lumbar neural foraminal stenosis; right lower extremity lumbar radiculopathy; lumbar and lumbosacral facet arthropathy with facet syndrome; right > left hip pain with internal derangement in the right hip, rule out tears; and insomnia secondary to pain. Treatments to date have included consultations; diagnostic imaging studies; 6 chiropractic sessions; 6 physical therapy sessions; electrical stimulation therapy; home exercise program; 1 injection to the low back - resulting in spasms; left shoulder arthroscopy with decompression surgery (4/30/14); and medication management. The work status classification for this injured worker (IW) was noted to be back to work with restrictions. On 1/19/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/7/2015, for nerve conduction velocity studies of the left lower extremity and the right lower extremity, to rule out radiculopathy versus peripheral neuropathy. The American College of Occupational and Environmental Medicine Guidelines, low back complaints, special studies and diagnostic and treatment considerations; and the Official Disability Guidelines, low back, nerve conduction studies, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. 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. 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.

NCV of left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve Conduction Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

Decision rationale: Regarding the request for NCV, CA MTUS does not specifically address the issue. 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 no physical examination findings suggestive of peripheral neuropathy rather than radiculopathy to support the medical necessity of NCV testing in addition to the authorized EMG testing. In the absence of such documentation, the currently requested NCV is not medically necessary.

NCV of right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve Conduction Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

Decision rationale: Regarding the request for NCV, CA MTUS does not specifically address the issue. 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 no physical examination findings suggestive of peripheral neuropathy rather than radiculopathy to support the medical necessity of NCV testing in addition to the authorized EMG testing. In the absence of such documentation, the currently requested NCV is not medically necessary.