

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0066317 | | |
| Date Assigned: | 04/14/2015 | Date of Injury: | 11/14/2002 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 04/07/2015 |

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 48 year old female, who sustained an industrial injury on 11/14/02. The injured worker has complaints of low back pain that radiates down the posterior and lateral aspect of the entire lower extremities, with numbness. The diagnoses have included status post lumbar L5-S1 laminectomy/discectomy; failed back syndrome and history of neurogenic bladder. Treatment to date has included medications; physical therapy; X-rays of the low back; hot packs; ultrasound; massage and exercise. The request was for electromyography/nerve conduction velocity left lower extremity and 6 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV left lower extremity: 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, Low Back- Lumbar and Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316.

Decision rationale: The patient is a 48 year old female with an injury on 11/14/2002. She had a L5-S1 laminectomy/discectomy decompression and has failed back syndrome with a neurogenic bladder. She has lumbar radiculopathy with low back pain radiating to both lower extremities with numbness. She had physical therapy and a home exercise program. MTUS, ACOEM guidelines note that EMG/NCS studies are not medically necessary when it is clear that the patient has lumbar radiculopathy as in this case. Therefore this request is not medically necessary.

6 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

Decision rationale: The patient is a 48 year old female with an injury on 11/14/2002. She had a L5-S1 laminectomy/discectomy decompression and has failed back syndrome with a neurogenic bladder. She has lumbar radiculopathy with low back pain radiating to both lower extremities with numbness. She had physical therapy and a home exercise program. MTUS, Chronic Pain guidelines note that the limit on the number of physical therapy visits is 8 - 10. This patient already completed physical therapy and instruction in a home exercise program. There is no objective documentation that continued formal physical therapy is superior to a home exercise program at this point in time relative to the injury and surgery. Therefore this request is not medically necessary.