

Case Number:	CM15-0075294		
Date Assigned:	04/27/2015	Date of Injury:	11/03/2014
Decision Date:	06/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/21/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 29 year old female, who sustained an industrial injury on November 3, 2014. She reported slipping and falling to the floor with an onset of pain in her back, hips, and legs. The injured worker was diagnosed as having lumbar spine musculoligamentous sprain / strain with radiculitis to the bilateral lower extremities, rule out lumbar spine discogenic disease, and bilateral hip sprain/strain versus lumbar radiculitis. Treatment to date has included acupuncture, physical therapy, and medication. Currently, the injured worker complains of pain in the lower back and bilateral hips/thighs. The Primary Treating Physician's report dated January 16, 2015, noted the injured worker reported her pain as a 9/10 per the visual analog scale (VAS), remaining the same since the previous visit. Physical examination was noted to show grade 2 tenderness to palpation over the paraspinal muscles with restricted range of motion (ROM) and positive bilateral straight leg raise. The bilateral hips and thighs were noted to have grade 2-3 tenderness to palpation, unchanged since previous visit. The treatment plan was noted to include prescribed physical therapy for evaluation and treatment of the lumbar spine and bilateral hips, prescribed Tramadol, prescribed industrial LSO, referral for electromyography (EMG)/nerve conduction velocity (NCV) of the bilateral lower extremities, and transportation to and from all medical appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back and bilateral hips 2x6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 114.

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

Decision rationale: This 29 year old female has complained of back pain and bilateral hip pain since date of injury 11/3/14. She has been treated with medications. The current request is for physical therapy for the low back and bilateral hips 2 x 6 weeks. Per the MTUS guidelines cited above in the section Physical Medicine/therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. On the basis of the available medical records and per the ACOEM guidelines cited above, Physical therapy for the low back and bilateral hips 2 x 6 weeks (12 sessions) is not indicated as medically necessary.

Purchase of lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: This 29 year old female has complained of back pain and bilateral hip pain since date of injury 11/3/14. She has been treated with medications. The current request is for purchase of lumbar brace. Per the MTUS guideline cited above, lumbar brace has not been shown to have any lasting benefit beyond the acute phase of symptomatic relief, and is not recommended as a treatment for chronic back pain. On the basis of the MTUS guidelines and the provided documentation, lumbar support brace is not indicated as medically necessary.

EMG (electromyography) of the 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: This 29 year old female has complained of back pain and bilateral hip pain since date of injury 11/3/14. She has been treated with medications. The current request is for an EMG study of the bilateral lower extremities. Per the ACOEM guidelines cited above, there are no high quality evidenced based studies supporting evaluation of low back pain with EMG. On the basis of the available medical records and per the ACOEM guidelines, EMG of the bilateral lower extremities is not indicated as medically necessary.