MAXIMUS Federal Services

Case Number:	CM15-0096931		
Date Assigned:	05/27/2015	Date of Injury:	01/20/2015
Decision Date:	07/08/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/19/2015

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: Emergency 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 45-year-old female, who sustained an industrial injury on 01/20/2015. She has reported subsequent low back, neck, left arm and left leg pain and was diagnosed with cervical and lumbar radiculopathy. Treatment to date has included oral pain medication, application of heat and chiropractic therapy. MRI of lumbar spine dated 2/16/15 noted an incidental finding of pelvic mass, L4-5 canal stenosis and facet degeneration. L2-3 spinal protrusion with stenosis. In a progress note dated 03/20/2015, the injured worker complained of low back pain, neck and shoulder pain. Objective findings were notable for an antalgic gait, tenderness to palpation of the lumbar spine, decreased range of motion of the cervical and lumbar spine and decreased sensation over the right C5 dermatomes and the right L4-S1 dermatomes. The physician noted that an electromyogram (EMG)/nerve conduction studies (NCS) of the bilateral upper and lower extremities was recommended to establish a diagnosis for upper and lower extremity complaints. A request for authorization of EMG/NCS of the bilateral upper and lower extremities, physical therapy 2x/week for 4 weeks of the neck and back, orthopedic consult with [redacted] for bilateral hips and upper extremities and labs was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS bilateral upper and lower extremities x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 182, 272, 309, 377.

Decision rationale: As per MTUS ACOEM Guidelines, EMG and NCVs have multiple uses and are different tests testing for completely different pathology. Provider's indiscriminate testing of every limb does not meet any criteria to recommend any of these tests. There are too many failures of criteria to list them all out but as an example request already fails requirement of NCV of bilateral upper extremities with no documentations of any carpal tunnel syndrome etc. Pan- electro diagnostic testing of every limb is not medically necessary.

Physical therapy 2 times a week for 4 weeks for the neck and back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Physical Therapy (PT).

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior PT sessions (Total number was not documented) was completed and had reported no improvement. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. There is no documentation if patient is performing home-directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Additional 8 physical therapy sessions are not medically necessary.

Orthopedic consult with [redacted] for bilateral hips and upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations, pg. 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Treatment of those body parts with MRI findings is outside provider's scope of practice. Consultation with orthopedics is medically necessary.

Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmedhealth.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

Decision rationale: As per MTUS Chronic pain guidelines, ACOEM guidelines and ODG, guidelines do not recommend routine lab testing except in case of patients chronically on NSAIDs or tagretol. There are some sections in the ACOEM concerning the use of CBC to help in testing for certain inflammatory conditions or infectious causes. There is no justification for the labs ordered documented by the provider. It is not clear what mediations patient is on and what chronic medical problems the patient has. If patient has chronic kidney or liver problems, provider should be requesting information and lab results from patient's primary care physician or kidney specialist and not to indiscriminately retest patient, which will only lead to redundant testing. There is no documentation or proper request for what labs was actually requested. Labs for kidney and Liver function are not medically necessary.