

Case Number:	CM13-0007340		
Date Assigned:	09/11/2013	Date of Injury:	01/30/2012
Decision Date:	04/22/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 40 year-old female teacher sustained a cumulative trauma injury on 1/30/13 while employed by the [REDACTED]. Requests under consideration include CERVICAL MRI WITHOUT CONTRAST, EMG and NCV OF BILATERAL LOWER EXTREMITIES, and PHYSICAL THERAPY 3 X 4. Report of 6/17/13 from the provider noted patient with complaints of lumbar and bilateral foot pain. Exam showed decreased range of motion (no planes identified); numbness over S1 dermatome with pain, spasm, and guarding along with tenderness in paravertebral muscles; left foot with tenderness to palpation over 5th metatarsal, heel. Diagnoses included lumbosacral radiculopathy; foot sprain/strain. Plan included above requests along with medications, Baclofen, Medrox patch, and Ultram. The patient was to remain TTD if not accommodated. Report of 7/3/13 from the provider noted patient with low back pain and bilateral lower extremity pain and paresthesias. The patient has noticed bilateral feet pain as well. Previous treatment for the feet has included cortisone injection by podiatrist. Clinical exam noted motor strength of 5/5 throughout bilateral lower extremities with decreased sensation in both S1 distribution. There is no cervical spine exam documented. Above requests were non-certified on 7/18/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MRI WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 474. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 177-179.

Decision rationale: This 40 year-old female teacher sustained a cumulative trauma injury on 1/30/13 while employed by the [REDACTED]. Requests under consideration include CERVICAL MRI WITHOUT CONTRAST, EMG and NCV OF BILATERAL LOWER EXTREMITIES, and PHYSICAL THERAPY 3 X 4. Report of 6/17/13 from the provider noted patient with complaints of lumbar and bilateral foot pain. Exam showed decreased range of motion (no planes identified); numbness over S1 dermatome with pain, spasm, and guarding along with tenderness in paravertebral muscles; left foot with tenderness to palpation over 5th metatarsal, heel. No cervical exam noted. Diagnoses included lumbosacral radiculopathy; foot sprain/strain. Plan included above requests along with medications, Baclofen, Medrox patch, and Ultram. The patient was to remain TTD if not accomodated. Report of 7/3/13 from the provider noted patient with low back pain and bilateral lower extremity pain and paresthasias. The patient has noticed bilateral feet pain as well. Previous treatment for the feet has included cortisone injection by podiatrist. Clinical exam noted motor strength of 5/5 throughout bilateral lower extremities with decreased sensation in both S1 distribution. There is no cervical spine exam documented. Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including report from providers have not adequately demonstrated the indication for the MRI of the Cervical spine nor identify any specific acute change in clinical findings to support this imaging study as the patient is without documented neurological deficits consistent with any dermatomal pattern or motor strength loss. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CERVICAL MRI WITHOUT CONTRAST is not medically necessary and appropriate.

EMG OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 474. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, 62.

Decision rationale: This 40 year-old female teacher sustained a cumulative trauma injury on 1/30/13 while employed by the [REDACTED]. Requests under consideration include CERVICAL MRI WITHOUT CONTRAST, EMG and NCV OF BILATERAL LOWER EXTREMITIES, and PHYSICAL THERAPY 3 X 4. Report of 6/17/13 from the provider noted patient with complaints of lumbar and bilateral foot pain. Exam showed decreased range of motion (no planes identified); numbness over S1 dermatome with pain, spasm, and guarding along with tenderness in paravertebral muscles; left foot with tenderness to palpation over 5th metatarsal, heel. No cervical exam noted. Diagnoses included lumbosacral radiculopathy; foot sprain/strain. Plan included above requests along with medications, Baclofen, Medrox patch, and Ultram. The patient was to remain TTD if not accommodated. Report of 7/3/13 from the provider noted patient with low back pain and bilateral lower extremity pain and paresthesias. The patient has noticed bilateral feet pain as well. Previous treatment for the feet has included cortisone injection by podiatrist. Clinical exam noted motor strength of 5/5 throughout bilateral lower extremities with decreased sensation in both S1 distribution. There is no cervical spine exam documented. There were no neurological deficits defined nor conclusive imaging identifying possible neurological compromise. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any lumbar radiculopathy or entrapment syndrome with intact motor exam and feet complaints. The EMG and NCV of the bilateral lower extremities are not medically necessary and appropriate.

NCV OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 474. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, 62.

Decision rationale: This 40 year-old female teacher sustained a cumulative trauma injury on 1/30/13 while employed by the [REDACTED]. Requests under consideration include CERVICAL MRI WITHOUT CONTRAST, EMG and NCV OF BILATERAL LOWER EXTREMITIES, and PHYSICAL THERAPY 3 X 4. Report of 6/17/13 from the provider noted patient with complaints of lumbar and bilateral foot pain. Exam showed decreased range of motion (no planes identified); numbness over S1 dermatome with pain, spasm, and guarding along with tenderness in paravertebral muscles; left foot with tenderness to palpation over 5th metatarsal, heel. No cervical exam noted. Diagnoses included lumbosacral radiculopathy; foot sprain/strain. Plan included above requests along with medications, Baclofen, Medrox patch, and Ultram. The patient was to remain TTD if not accommodated. Report of 7/3/13 from the provider noted patient with low back pain and bilateral lower extremity pain and paresthesias. The patient has noticed bilateral feet pain as well. Previous treatment for the feet has included cortisone injection by podiatrist. Clinical exam noted motor strength of 5/5 throughout bilateral lower extremities with decreased sensation in both S1 distribution. There is no cervical spine exam documented. There were no neurological deficits defined nor conclusive imaging

identifying possible neurological compromise. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any lumbar radiculopathy or entrapment syndrome with intact motor exam and feet complaints. The EMG and NCV of the bilateral lower extremities are not medically necessary and appropriate.

PHYSICAL THERAPY 3 X 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 474. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL THERAPY Page(s): 98-99.

Decision rationale: This 40 year-old female teacher sustained a cumulative trauma injury on 1/30/13 while employed by the [REDACTED]. Requests under consideration include CERVICAL MRI WITHOUT CONTRAST, EMG and NCV OF BILATERAL LOWER EXTREMITIES, and PHYSICAL THERAPY 3 X 4. Exam showed decreased S1 dermatome, feet complaints, and tenderness; however, with intact neurological exam in motor strength and reflexes without remarkable provocative testing. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The PHYSICAL THERAPY 3 X 4 is not medically necessary and appropriate.