

Case Number:	CM13-0014944		
Date Assigned:	10/03/2013	Date of Injury:	11/02/2012
Decision Date:	02/13/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

Clinical assessment of 08/05/13 showed continued orthopedic complaints of neck and low back pain with physical examination showing the cervical spine being with restricted range of motion and tightness with motion. There was a positive Spurling's test with 4/5 strength noted globally to the bilateral upper extremities in a global distribution. Lower extremity examination showed tenderness to palpation with restricted motion, equal and symmetrical reflexes with diminished sensation in a L3 through S1 dermatomal distribution bilaterally. The claimant was given the following diagnosis of cervical sprain with radiculitis, lumbar strain with radiculitis, and herniation. Neurological testing in the form of bilateral lower extremity electrodiagnostic studies were recommended as well as MRI of the cervical spine, a lumbar back brace, and a course of physical therapy to include 18 additional sessions to the cervical spine, arms, and lumbar spine. Previous records in this case indicate a lumbar MRI report of 02/21/13 that showed degenerative disc disease at L4-5 and L5-S1 with no other findings. There is prior electrodiagnostic studies form 09/17/13 to the lower extremities noted to be normal and within normal limits. There is no imaging to the cervical spine available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity (NCV) to bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Based on California ACOEM Guidelines, electrodiagnostic studies of the lower extremities are not supported. The records in this case indicate the claimant has already undergone electrodiagnostic studies to the lower extremities that were noted to be normal. There would be no current indication based on the clinical examination findings and MRI scan that fails to demonstrate significant compressive pathology to support the need of lower extremity electrodiagnostic studies at present. The specific request in this case is not supported

Electromyography (EMG) to bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Based on California ACOEM Guidelines, electrodiagnostic studies of the lower extremities are not supported. The records in this case indicate the claimant has already undergone electrodiagnostic studies to the lower extremities that were noted to be normal. There would be no current indication based on the clinical examination findings and MRI scan that fails to demonstrate significant compressive pathology to support the need of lower extremity electrodiagnostic studies at present. The specific request in this case is not supported

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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): 165.

Decision rationale: Based on California ACOEM Guidelines, a cervical MRI scan would also not be indicated. Criteria for ordering imaging studies per California ACOEM Guidelines would include physiological evidence of tissue insult or neurologic dysfunction failure to progress in a strengthening program intended to avoid surgery. While the claimant is with continued complaints of neck pain, there is no formal imaging to the cervical spine for review in this case. It states that on August 2013 that radiographs of the spine are being ordered for initial assessment. The absence of documentation of findings from plain film radiographs with no demonstrated documentation of a specific radicular finding in this claimant with global weakness to the bilateral upper extremities in a dermatomal fashion, the acute need of an MRI scan at this stage in clinical course would not be indicated.

Back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 9, 298, 301.

Decision rationale: Based California MTUS Guidelines, lumbar bracing would not be indicated. Bracing has not been shown to have any lasting benefit beyond the acute phase of symptomatic relief. The claimant's diagnosis of a lumbar strain with degenerative changes noted on the lumbar MRI scan in and of itself would not support the acute need of chronic bracing.

Physical therapy 3 times a week for 6 weeks to the cervical spine, bilateral arms and the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

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

Decision rationale: California MTUS Guidelines would not support the role of 18 sessions of additional physical therapy. Physical therapy in the chronic setting would include indication for therapy if there is evidence of exacerbation of symptoms with swelling, pain, and inflammatory process. In those cases, guideline criteria can recommend the role of up to 9 to 10 sessions of therapy for an underlying diagnosis of myalgias or myositis. The records in this case would not support the acute need of 18 sessions of formal physical therapy in the postoperative course as requested in this case.