

Case Number:	CM13-0019607		
Date Assigned:	10/11/2013	Date of Injury:	02/22/2013
Decision Date:	01/24/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/03/2013

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 Internal Medicine 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.

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 patient is a 69-year-old female who reported an injury on 02/22/2013. The patient was noted to have been injured due to a trip and fall. The notes indicate the patient has undergone prior x-rays but she could not recall the specific body parts. The patient has been treated with medication management, physical therapy, and acupuncture. The patient has low back pain radiating to the bilateral lower extremities with associated numbness and tingling. The patient also has complaints of neck pain, right arm weakness, bilateral shoulder pain, bilateral knee pain, and mid low back pain. The patient underwent a recent MRI of the lumbar spine on 09/12/2013 that revealed 1 mm to 2 mm disc bulging at L1-2, L4-5 and L5-S1 with a 2 mm to 3 mm disc bulge at L2-3. The patient has physical exam findings to include absent bilateral Achilles reflexes, 4/5 right deltoid give way weakness, 4+/5 bilateral toe extension give way weakness, positive right straight leg raise at 45 degrees, and decreased sensation below the knees and vibration at the toes. Recent EMG revealed mild chronic denervation in the distal bilateral lower extremities and may indicate an axonal polyneuropathy. X-ray of the cervical spine, shoulders, thoracic spine, lumbar spine and knees were completed on 06/18/2013 but the results were noted to be pending. The patient has diagnoses to include sprain/strain to the cervical, thoracic and lumbar spine as well as bilateral shoulders and bilateral knees. The current treatment plan includes imaging studies, medication management, lumbar brace, knee brace, physical therapy, urinalysis, electrodiagnostic studies, and consultations.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: ACOEM states that criteria for ordering imaging studies are "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." The documentation submitted for review indicates that the patient had originally underwent x-rays near the date of injury but could not recall what body parts. Instead of obtaining the prior radiographs, the provider retook x-rays on 06/18/2013. The documentation fails to reveal any significant change in symptoms to warrant possible repeat x-rays. There were no significant red flag issues to warrant the x-rays when completed. As such, the request is non-certified.

X-rays of bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: ACOEM states that "cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint...Shoulder instability can be treated with stabilization exercises; stress radiographs simply confirm the clinical diagnosis." The documentation submitted for review indicates that the patient had originally underwent x-rays near the date of injury but could not recall what body parts. Instead of obtaining the prior radiographs, the provider retook x-rays on 06/18/2013. The documentation fails to reveal any significant change in symptoms to warrant possible repeat x-rays. There were no significant red flag issues to warrant the x-rays when completed. As such, the request is non-certified.

X-rays of thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: ACOEM states that a "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management." The documentation submitted for review indicates

that the patient had originally underwent x-rays near the date of injury but could not recall what body parts. Instead of obtaining the prior radiographs, the provider retook x-rays on 06/18/2013. The documentation fails to reveal any significant change in symptoms to warrant possible repeat x-rays. There were no significant red flag issues to warrant the x-rays when completed. As such, the request is non-certified.

X-rays of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: ACOEM states that a "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management." The documentation submitted for review indicates that the patient had originally underwent x-rays near the date of injury but could not recall what body parts. Instead of obtaining the prior radiographs, the provider retook x-rays on 06/18/2013. The documentation fails to reveal any significant change in symptoms to warrant possible repeat x-rays. There were no significant red flag issues to warrant the x-rays when completed. As such, the request is non-certified

X-rays of bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: ACOEM states that "The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: Patient is able to walk without a limp...Patient had a twisting injury and there is no effusion...The clinical parameters for ordering knee radiographs following trauma in this population are:...Joint effusion within 24 hours of direct blow or fall...Palpable tenderness over fibular head or patella...Inability to walk (four steps) or bear weight immediately or within a week of the trauma...Inability to flex knee to 90 degrees." The documentation submitted for review indicates that the patient had originally underwent x-rays near the date of injury but could not recall what body parts. Instead of obtaining the prior radiographs, the provider retook x-rays on 06/18/2013. The documentation fails to reveal any significant change in symptoms to warrant possible repeat x-rays. There were no significant red flag issues to warrant the x-rays when completed. As such, the request is non-certified.

Lumbar spine support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: ACOEM guidelines state that "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The documentation submitted for review fails to indicate that the claimant was in an acute phase when provided lumbar spine support. Treatment was recommended approximately 4 months after the injury in question. There was a lack of any imaging evidence of instability to warrant the need for a lumbar spine support. As such, the request is non-certified.

Bilateral knee braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: ACOEM Guidelines recommend knee sleeves or immobilizers for specific diagnoses. The documentation submitted for review indicates the patient was diagnosed with bilateral knees sprain/strain. The patient had positive McMurray's test on physical examination but had negative Lachman's. There was a lack of documentation of any significant instability to warrant the need for bilateral knee braces. As such, the request is non-certified.

Urine analysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: CA MTUS guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs; before a trial of opioids; or for on-going management of opioids. The documentation submitted for review fails to provide a clinical rationale for the proposed urine analysis procedure. Likewise, the results of testing were not provided. The patient was being seen for initial evaluation on recommendation to urine analysis and the study may have been supported based on medication management. However, as stated above, the rationale was not provided and the patient was already approximately 4 months status post injury at that time. As such, the request is non-certified.

Additional physical therapy 2x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: CA MTUS guidelines state that "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort." The documentation submitted for review indicates that the patient was previously treated with acupuncture and physical therapy. The patient had completed at least 12 sessions of therapy prior to the recommendation for additional sessions. The patient did not have any significant functional deficits with the exception of right shoulder range of motion to warrant the need for continued formal physical therapy. The patient had already completed sufficient sessions of therapy and should have been capable of continuing to improve with a self-directed, independent home exercise program. As such, the request is non-certified.

EMG/NCS of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS 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, EMG/NCV

Decision rationale: ACOEM states that "Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Official Disability Guidelines state that EMGs "may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Official Disability Guidelines also states that "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." The documentation submitted for review did indicate that the patient had neurological deficits in the upper and lower extremities. However, there is no indication for why the patient would need both MRI and electrodiagnostic studies to evaluate for the same diagnosis. Furthermore, nerve conduction studies are not recommended to diagnose radiculopathy. As such, the request is non-certified at this time.

EMG/NCS of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: ACOEM states that "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The documentation submitted for review did indicate that the patient had neurological deficits in the upper and lower extremities. However, there is no indication for why the patient would need both MRI and electrodiagnostic studies to evaluate for the same diagnosis. Furthermore, nerve conduction studies are not recommended to diagnose radiculopathy. As such, the request is non-certified at this time.

MRI of cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: ACOEM states that "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures)." The documentation submitted for review indicates that the patient has undergone prior x-ray studies. The patient has remained symptomatic despite conservative care including medication management, physical therapy and acupuncture services. The patient would have benefited from an MRI of the cervical spine to assess etiology of neurological symptoms and deficits in the upper extremities. As such, the request for MRI of the cervical spine is certified.

MRI of thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM states that "If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The documentation submitted for review fails to indicate that the patient had any signs and symptoms to support a diagnosis of thoracic radiculopathy. Therefore, an MRI of the thoracic spine would not be supported. As such, the request is non-certified.

MRI of lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: ACOEM states that "If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The documentation submitted for review has undergone prior x-ray studies. The patient has remained symptomatic with neurological deficits in the lower extremities despite conservative measures. Therefore, the patient would have benefited from an MRI study. The prior completed EMG did not reveal any definitive diagnoses. Therefore, the MRI of the lumbar spine completed on 09/12/2013 was medically necessary. As such, the request is certified.

MRI of bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343.

Decision rationale: ACOEM states that "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons." The documentation submitted for review fails to indicate that the patient had any red flag issues to warrant MRI studies of the bilateral knees. There is a lack of documentation to indicate that conservative care was directed towards the patient's knee symptoms and the patient did not have any instability to warrant MRI studies. As such, the request is non-certified.