

Case Number:	CM13-0025118		
Date Assigned:	03/26/2014	Date of Injury:	06/08/2010
Decision Date:	05/07/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/13/2013

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 Occupational 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 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:

The patient is a 39 year old male who was injured on 06/08/2010. The patient is required to use a wooden "site built" ladder to ascend from the lower level to the upper level. As he ascended the ladder, he struck the top of his head on a wooden cross support. The impact was very forceful and he immediately needed to get off the ladder and sit down as he was feeling nausea, disorientation, neck pain and sweats. Prior treatment history has included chiropractic treatment, physical therapy and medical pain management; injections into his shoulder which has provided him with no functional improvement; Norco and Lidoderm patches; continued to treat on psychological basis, and home exercise. The patient underwent cervical spine surgery on 09/15/2011 followed by a course of PT. Diagnostic studies reviewed include a cervical MRI performed on 04/13/2011 and upper limb NCV performed on 08/08/2011. An MRI of the lumbar spine dated 08/21/2013 revealed: Upper left and lower right lumbar scoliosis with psoas muscle asymmetry-correlate; Increased lumbosacral angulation associated with L5-S1 facet tropism and left sided L5-S1 facet deteriorative changes; No disc bulging or herniation is identified. A Psychological Evaluation dated 07/31/2013 indicated high levels of depressive symptomatology. There is evidence to support the presence of emotional/internalizing dysfunction, presence of thought dysfunction and the presence of behavioral/externalizing dysfunction. He is likely to be impulsive, to act out when bored, and to engage in substance abuse. He has prominent problems associated with somatic/cognitive dysfunction. A QME dated 07/26/2013 stated the patient appears to be overly anxious. He reports taking pain medication (Norco) prior to the examination. The Norco prescription is reported as a 50 tab prescription that is supposed to last 60 days, but he uses them all up on a prn basis within 45 days. He reports upset stomach/gastritis since beginning the Norco. As of this evaluation date, there does not appear to have been any functional improvement. The patient complains of neck pain post-surgery that is

frequent and is 5/10. The occasional numbness in the right hand has decreased slightly. He has low back pain that has worsened from occasional to constant rated as 4-5/10. He has numbness and tingling in the right leg; Handicap=0/10. There is a loss of grip strength in the left hand. His depression is described as being present for several months. He states he continues to have headache. His right shoulder pain continues which he describes as the worse of all at 8/10. He is reporting interrupted sleep secondary to pain with resulting daytime fatigue and sleepiness. The patient states that in the two months prior to this exam, his condition has overall declined, which he attributes to stress and anxiety. His neck pain disability index indicates a greater than moderate to severe degree of subjective pain and disability. Oswestry low back instrument indicates a greater moderate degree of handicap. Objective findings on examination of the cervical spine revealed +2 tenderness to palpation; and bilateral +2 muscle guarding. The lumbar spine revealed bilateral spinal and paraspinal tenderness; and +3 bilateral muscle guarding. The lumbar spine range of motion is decreased and reported to be more restricted than on prior exams. His orthopedic examination of the cervical spine revealed improvement is noted when compared to the prior orthopedic examination. The lumbar spine reveals neuro-bio segmental dysfunction; Kemp sign is positive on the right and Valsalva maneuver provokes both back and right leg pain. The cervical neurological examination reveals DTRs to be equal and active for biceps, triceps and brachioradialis. There is sensory deficit in the radial aspect of the left forearm below the elbow; motor for the left triceps at 5/5. There is noted circumferential measurement loss in the left arm, above and below the elbow. The previous motor deficit of the triceps appears to have resolved. The lumbar neurological examination reveals DTRs for both patella's to be hypo-reflexive along with the left Achilles. The right Achilles is normal. There is sensory deficit noted in the right lateral proximal calf consistent with L5 distribution. The motor deficit reveals mild deficit of right extensory digitorum longus at 4/5. The circumference measures are deferred due to bilateral edema below the knees. In the records of [REDACTED], there has apparently been some neuropsychic treatment. Lumbar imaging, upper and lower limb NCV/EMG was to be arranged per the authorization of defense counsel in his letter of 05/03/2013 (not provided).

IMR ISSUES, DECISIONS AND RATIONALES

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

ONGOING PSYCH TREATMENT AND ACT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the ODG, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. According to the medical records, a Psychological Evaluation was completed on 07/31/2013. The patient's prior treatment history has included continued treatment on a

psychological basis. The medical records do not document the total number of psych treatment sessions completed to date, specify the type of treatment requested to continue on an ongoing basis, provide a specific psychological diagnosis, and demonstrate clinically significant functional improvement as a result of rendered psychological treatment. Given these factors, the requested ongoing treatment is not medically necessary under the evidence-based guidelines.

CHIRO 3 X 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 40.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: The guidelines state manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Chiropractic manipulation is not recommended ankle/ foot, forearm, wrist, hand, or knee. The medical records document the patient's treatment history has included chiropractic manipulative therapy (CMT). The medical records do not demonstrate this patient had obtained benefit from prior treatment, leading to objective functional improvement. A review of the medical records indicates CMT had been limited due to the nature of the patient's current condition and contraindication of ongoing frequent CMT. Consequently, in the absence of documentation demonstrating functional improvement with the previous chiropractic care, the medical necessity for chiropractic treatment has not been established under the evidence-based guidelines.

KINETIC CHAIN REHAB OF RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The medical records do not document current clinical findings demonstrating functional deficits in the right shoulder. The medical records do not demonstrate current medical records establishing the patient has presented with a recent exacerbation or injury involving the right shoulder. A diagnosed shoulder injury has not been documented. Consequently, the medical necessity for kinetic chain rehab for the right shoulder has not been established according to the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.

LUMBAR MRI/XRAYS: Upheld

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

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

Decision rationale: ACOEM Guidelines state 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. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The medical records provided for review do not reveal any evidence of serious pathology. In addition, an MRI of the lumbar spine has already been obtained and findings outlined. The requests for lumbar MRI and X-ray are not supported or deemed medically necessary.

LOWER EXTREMITY EMG: Upheld

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

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

Decision rationale: According to the ACOEM guidelines, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. However, an MRI of the lumbar spine was already obtained on 08/21/2013, which revealed: 1. Upper left and lower right lumbar scoliosis with psoas muscle asymmetry-correlate 2. Increased lumbosacral angulation associated with L5-S1 facet tropism and left sided L5-S1 facet deteriorative changes 3. No disc bulging or herniation is identified. In addition, there is no documentation of a recent examination demonstrated findings on examination that would necessitate an EMG study of the lower extremities. Furthermore, a note dated 5/03/2013 documents that the patient was to be arranged to undergo electrodiagnostic studies. Results of these studies have not been documented in the medical records provided. There is no clear indication that an electrodiagnostic study of the lower extremities is medically necessary at this time.

LOWER EXTREMITY NCS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Low Back, section on Nerve Conduction Studies.

Decision rationale: The Guidelines suggest EMG may be useful for evaluation of subtle focal neurologic dysfunction in patients with low back symptoms, not NCS. According to the ODG, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Furthermore, the medical records do not document a current or recent examination demonstrating objective findings consistent with of neurological deficit such as asymmetrical findings on motor, sensory, and/or reflects reflexes affecting a lower extremity. Furthermore, a note dated 5/03/2013 documents that the patient was

to be arranged to undergo electrodiagnostic studies. Results of these studies have not been documented in the medical records provided. The medical necessity of an NCS of the lower extremities has not been established.

UPPER EXTREMITY EMG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENT MEDICINE (ACOEM), 2ND EDITION, (2004) , NECK AND UPPER BACK COMPLAINTS, 178.

Decision rationale: 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 medical records refer to the patient having had surgery to the neck on 9/15/2011; however the records do not provide any details regarding this. It is not documented what type of procedure was performed and what post-operative care had been provided. Finally, the medical records do not demonstrate failure of at least 3-4 weeks of conservative care. The 7/23/2013 medical report documented his orthopedic examination of the cervical spine revealed improvement when compared to the prior orthopedic examination. The cervical neurological examination revealed DTRs to be equal and active for biceps, triceps and brachioradialis, and triceps motor deficit had resolved. Consequently, proceeding with an EMG study is not medically necessary according to the ACOEM Guidelines.

UPPER EXTREMITY NCS: Upheld

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

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

Decision rationale: 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. Diagnostic studies reviewed include an upper limb NCV performed on 08/08/2011. The medical records do not document the results of that study. In addition, the medical records refer to the patient having had surgery to the neck on 9/15/2011; however the records do not provide any details regarding this. It is not documented what type of procedure was performed and what post-operative care had been provided. Finally, the medical records do not demonstrate failure of at least 3-4 weeks of conservative care and period of observation has failed to improve symptoms. The 7/23/2013 medical report documented his orthopedic examination of the cervical spine revealed improvement when compared to the prior orthopedic examination. The cervical neurological examination revealed DTRs to be equal and active for biceps, triceps and brachioradialis, and

triceps motor deficit had resolved. Furthermore, a note dated 5/03/2013 documents that the patient was to be arranged to undergo electrodiagnostic studies. Results of these studies have not been documented in the medical records provided. There is no clear indication that an electrodiagnostic study of the upper extremity is medically necessary at this time. Consequently, proceeding with NCS study is not medically necessary and appropriate.

PAIN MANAGEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: According to the guidelines, a specialty referral may be indicated if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The medical records do not establish such is the case of this patient. There is no indication of significant pain or loss of function, unresponsive to treatment measures, or other extenuating circumstances as to warrant pain management referral. The medical records do not document the purpose of a pain management consultation. The medical records do not establish this patient is a viable candidate and considered for an invasive injection procedure or that medication management beyond the scope of his primary treating physician is medically necessary. It is not established that the requested pain management is medically necessary and consistent with the evidence based guidelines.

