

Case Number:	CM13-0026959		
Date Assigned:	11/22/2013	Date of Injury:	10/24/2012
Decision Date:	02/11/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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:

The patient is a 38-year-old male who reported injury on 01/24/2012. The mechanism of injury was stated to be a cumulative trauma. The patient was noted to have an exacerbation of the symptoms with more pain and less functional movement since 07/17/2013. The patient was noted to have limited range of motion, myospasms, paresthesias, tingling, and numbness into the right lower extremity foot/toes. The patient was noted to have weakness at S1 on the right of +3 and deep tendon reflexes were noted to be decreased +1 on the right at S1 and decreased +1 on the right at C5 and C7. Diagnoses were noted to include lumbosacral IVD displacement without myelopathy, lumbosacral radiculopathy, cervical sprain/strain, brachial radiculitis/neuritis, bilateral shoulder sprain/strain, and bilateral plantar fasciitis. Request was made for a lumbar epidural injection, a referral to internal medicine, orthopedics, chiropractic therapy, EMG/NCV of the bilateral lower extremities, referral to pain management, and Jamar testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

Decision rationale: California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The patient was noted to have an MRI on 05/28/2013 which revealed the central canal was adequately patent and there was no evidence of signal abnormality within the clonus medullaris or cauda equina or within the traversing or exiting nerve roots. The patient was noted to have an EMG which revealed normal findings and an NCV which revealed abnormal findings suggestive of left tibial motor nerve neuropathy. It was further stated in addition there was an abnormality involving the left tibial H reflex which may be an abnormal in the left-sided S1 radiculopathy. Additionally, it was also noted there was an abnormality involving the right tibial H reflex which may be abnormal in the right-sided S1 radiculopathy and correlation with the EMG was recommended and clinical correlation advised. The physical examination revealed the patient had resisted muscle testing with weakness at S1 on the right. The patient was noted to have paresthesia, tingling, and numbness radiating into the right lower extremity to foot/toes. The patient was noted to have deep tendon reflexes that were decreased +1 on the right at S1 and decreased +1 on the right at C5 to C7 dermatomes as compared to normal +2. Clinical documentation submitted for review indicated the patient had radiculopathy by physical examination; however, there was a lack of corroboration with imaging and electrodiagnostic studies. It was noted the NCV study should be corroborated by the EMG study for the diagnosis of radiculopathy; however, the EMG study proved to be normal and the MRI was noted to be normal. Additionally, there was a lack of documentation of the patient's unresponsiveness to conservative treatment and there was a lack of documentation of the level being requested. Given the above, the request for lumbar epidural injection is not medically necessary.

Referral to Internal Medicine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: ACOEM guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. The clinical documentation submitted for review failed to provide the necessity for a patient follow-up visit with an internal medical physician as it was noted the patient last saw the physician on 06/21/2013 and there is a lack of indication of necessity to return. There was a lack of objective documentation indicating the need for and the rationale for the request. Given the above, the request for decision for referral to internal medicine is not medically necessary.

Referral to Orthopaedics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: ACOEM guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. The clinical documentation submitted for review indicated that the patient should return to orthopedic surgeon, [REDACTED], for co-treatment and medication. The patient was noted to have decreased range of motion in the shoulders and a positive Appley's and Yerguson's test. However, the request as submitted failed to indicate the body part or type of specialist being requested. Given the above, the request for referral to orthopedics is not medically necessary.

Chiropractic therapy eight (8) sessions: Upheld

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

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

Decision rationale: CA MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment beyond 4-6 visits should be documented with objective improvement in function. The clinical documentation submitted for review indicated the patient had prior chiropractic therapy. However, it failed to provide the number of sessions and the functional benefit and objective improvement the patient received from the therapy. Given the above, the request for chiropractic therapy 8 sessions is not medically necessary.

EMG of left lower extremity: Upheld

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

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

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. The patient was noted to undergo 3 EMGs with the first being 01/17/2013, the second 04/25/2013, and the third 07/25/2013 which revealed a normal EMG study. It failed to provide the necessity or rationale for a fourth EMG of the bilateral lower extremities. Additionally, documentation failed to indicate how the EMG findings would assist in the patient's plan of care and it was not noted the patient had positive examination findings on the left lower extremity to support the necessity. Given the above, the request for an EMG of the left lower extremity, without findings on the left lower extremity, is not medically necessary.

EMG of right lower extremity: Upheld

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

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

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. The clinical documentation submitted for review indicated the patient had deficiencies at S1 on the right for muscle testing and deep tendon reflexes. The patient was noted to undergo 3 EMGs with the first being 01/17/2013, the second 04/25/2013, and the third 07/25/2013 which revealed a normal EMG study. It failed to provide the necessity or rationale for a fourth EMG of the bilateral lower extremities. Additionally, documentation failed to indicate how the EMG findings would assist in the patient's plan of care. Given the above, the request for an EMG of the right lower extremity is not medically necessary.

NCV of left lower extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve conduction studies (NCS).

Decision rationale: Official Disability Guidelines does not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review indicated the patient had abnormal NCV studies on 2 separate occasions and there was a request for corroboration by EMG studies. These findings were not corroborated with the electromyography studies that were performed on the same date at the same time. There is a lack of documentation of rationale for a 3rd study. Given the above, there is a lack of documentation indicating the necessity for the patient to have an NCV of the left lower extremity

NCV of right lower extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve conduction studies (NCS)

Decision rationale: Official Disability Guidelines does not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Official Disability Guidelines does not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review indicated the patient had abnormal NCV studies on 2 separate occasions and there was a request for corroboration by EMG studies. These findings were not corroborated with the electromyography studies that were performed on the same date at the same time. There is a lack of documentation of rationale for a 3rd study. Given the above, there is a lack of documentation indicating the necessity for the patient to have an NCV of the right lower extremity.

Referral to pain management for 3 lumbar epidural injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78.

Decision rationale: California MTUS guidelines recommend the consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The clinical documentation submitted for review failed to support the necessity for an epidural injection, which is why the patient was being referred the pain management specialist. Given the above and the lack of findings, the request for referral to pain management for 3 lumbar epidural injections is not medically necessary.

JAMAR testing done once per month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: ACOEM Guidelines indicate that the first step in managing delayed recovery is to document the patient's current state of functional ability and the recovery trajectory to date as a timeline. Additionally, it states a number of functional assessment tools are available. Clinical documentation submitted for review failed to provide the necessity for Jamar testing and it failed to provide documentation for the rationale of the testing. Given the above, the request for JAMAR testing done once per month is not medically necessary.