

Case Number:	CM13-0031611		
Date Assigned:	12/04/2013	Date of Injury:	07/30/2013
Decision Date:	02/07/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/03/2013

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 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 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back, neck and knee pain reportedly associated with an industrial injury of July 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; prior knee surgery; unspecified amounts of physical therapy over the life of the claim; prior knee surgery; apparent return to some form of work; and left knee arthroscopy in April 2013. In a Utilization Review Report of September 16, 2013, the claims administrator denied a request for cervical MRI imaging, lumbar MRI imaging, electrodiagnostic testing, and physical therapy. Both the applicant's attorney and the attending provider appealed. In an appeal letter dated September 24, 2013, the attending provider writes that the applicant has persistent neck and low back pain with associated radicular complaints, numbness, tingling and weakness. In another appeal letter of October 23, 2013, the attending provider states that the applicant has returned to work. The attending provider states that the applicant has diminished motor strength with the left knee, continues to be symptomatic, has 4/5 motor strength, and has returned to his usual and customary occupation. He is given a knee corticosteroid injection in the clinic. He has decreased sensorium at the bilateral C6 and L5 dermatomes. The attending provider states that he is seeking 12 additional sessions of postoperative knee physical therapy and again reiterates that the applicant has returned to work. The applicant is a represented gardener, who has filed a claim for multifocal pain secondary to cumulative trauma at work.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation ODG-Low Back Chapter and Neck Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, MRI or CT imaging to validate the diagnosis of nerve root compromise, based on clear history and physical findings, in preparation for an invasive procedure is "recommended." In this case, the applicant does have history and physical findings, which are quite suggestive of nerve root compromise. Cervical MRI imaging to clearly delineate the same is indicated. Therefore, the request for an MRI of the Cervical Spine without contrast is medically necessary and appropriate.

MRI of the Lumbar Spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation ODG-Low Back Chapter and Neck Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the California MTUS-Adopted ACOEM Guidelines in Chapter 12, unequivocal findings, which indentify specific nerve root compromise are sufficient evidence to warrant imaging studies in those applicants, who do not respond to treatment and who would consider surgery an option were it offered to them. In this case, the applicant does have evidence of neurologic compromise including low back pain radiating to the legs, dysesthesia in the lower extremities to dermatomal distribution, and reported lower extremity weakness. MRI imaging to clearly delineate the same is indicated. Therefore, the request for an MRI of the Lumbar Spine without contrast is medically necessary and appropriate.

Electromyogram (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the California MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, EMG testing for a clinically obvious radiculopathy is "not recommended." In this case, the attending provider has seemingly suggested that the applicant in fact has a clinically obvious radiculopathy on the strength of his multiple progress notes interspersed throughout late 2013. Since the radiculopathy is clinically evident, EMG testing is not indicated

or recommended by the California MTUS Guidelines. Therefore, the request for an Electromyogram (EMG) of the bilateral lower extremities is not medically necessary and appropriate.

Electromyogram (EMG) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in the California MTUS-Adopted ACOEM Guidelines in Chapter 8 Table 8-8, EMG testing for diagnosis of nerve root involvement and findings of history, physical examination and imaging study are consistent is "not recommended." In this case, cervical MRI imaging has been endorsed above, to validate the applicant's radicular symptomatology. It will be more appropriate to determine the results of the same before EMG testing is considered, as if the MRI imaging is sufficiently positive, it would essentially obviate the need for EMG testing. Therefore, the request for an Electromyogram (EMG) of bilateral upper extremities is not medically necessary and appropriate.

12 additional Physiotherapy sessions for the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Page(s): 474.

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

Decision rationale: While this does result in extension of treatment slightly in excess of the 9 to 10 session course recommended on Page 99 of the California MTUS Chronic Medical Treatment Guidelines for myalgias or myositis of various body parts, in this case, the applicant has not had any prior physical therapy to date, contrary to what was suggested by the prior utilization reviewer. Providing physical therapy is therefore preferable to providing no physical therapy. The previous utilization reviewer apparently denied the request on the grounds that the applicant had had extensive physical therapy over the life of the claim, not knowing that the applicant has alleged cumulative trauma beginning in 1983 as opposed to a specific injury beginning in 1983. Since the applicant underwent knee surgery in April 2013, the applicant is now outside of the six month postsurgical physical medicine treatment period established in the MTUS 9792.24.3 following prior knee arthroscopy. The California MTUS Chronic Medical Treatment Guidelines are therefore applicable. The request is therefore medically necessary and appropriate.