

Case Number:	CM13-0033397		
Date Assigned:	12/06/2013	Date of Injury:	01/19/2013
Decision Date:	03/28/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/09/2013

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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of January 9, 2013. A utilization review determination dated September 19, 2013 recommends noncertification of cervical and lumbar MRI, cervical and lumbar x-ray, bilateral upper and lower extremity EMG/NCV, physical therapy, Voltaren, and Prevacid. The utilization review determination indicates that the patient underwent a cervical MRI on July 8, 2013 and a lumbar MRI on March 1, 2013. The note indicates that the patient has had extensive physical therapy for the current condition. A progress report dated June 3, 2013 states that the patient continues to have pain in the low back area and has not improved despite conservative treatment. The note indicates that the patient is working regular activities. Physical examination reveals reduced lumbar spine range of motion, negative straight leg raise, normal motor strength, and normal sensation. Diagnoses include degenerative disc disease and lumbago. The treatment plan recommends continuing anti-inflammatory medication and home exercise. A progress report dated June 17, 2013 indicates that the patient has utilized medications and therapy to treat this condition. Physical examination identifies normal motor strength and diminished bilateral C6 sensory examination. Additionally, a positive straight leg raise and diminished extensor pollicis strength is noted. There is also diminished bilateral L5 sensation noted. Diagnoses include cervical sprain and spasm with subjective radiculitis and lumbar muscle strain and spasm with possible lumbar radiculopathy at the L5 versus S1 level. The note indicates that the physician has reviewed the patient's cervical MRI but does not feel there is enough pathology to cause the patient's radiculopathy. There is a request for electrodiagnostic studies for the lower extremities to evaluate if there is any radiculopathy in this level. Additionally, the physician requests a trial of chiropractic therapy, with consideration of an epidural injection if the patient's EMG is positive and chiropractic treatment fails. A progress report dated June 25, 2013 identifies normal neurologic examination. Treatment plan recommends hot and cold therapy, urine drug screen, cervical back brace, MRI of the cervical

spine, tramadol, compound medication, a copy of the lumbar spine MRI, and genetic narcotic testing. A cervical MRI performed on July 8, 2013 identifies moderate stenosis with bilateral neuroforaminal stenosis at C4-5 with contact at the bilateral C5 exiting nerve roots. At C5-6 there is mild to moderate neuroforaminal stenosis affecting the left more than right side with contact on the left C6 exiting nerve root. At C6-7, there is moderate bilateral neuroforaminal stenosis with contact at the bilateral C7 exiting nerve root. At C7-T1 there is moderate to severe neuroforaminal stenosis which deviates the bilateral C8 exiting nerve roots. A progress report dated July 22, 2013 identifies neurologic exam which is grossly intact in bilateral upper extremities with no sensory dermatomal deficits. The lumbar spine motor examination is grossly intact with diminished bilateral L5 sensation and positive straight leg raise. The treatment plan states that the MRI for the cervical and lumbar spine are equivocally positive, the EMG is negative. The note indicates that the patient will be permanent and stationary after chiropractic care and that no epidurals are likely to work for the patient's pain (however that sentence is incomplete). A progress report dated August 12, 2013 indicates that the patient's diagnostic testing is essentially negative. The note goes on to state that the patient "has been derelict and not following up with the chiropractor, although multiple phone calls have been made." The note indicates that if the patient does not follow up with the chiropractor she will be discharged, and if she completes chiropractic care she will be made permanent and stationary. A progress report dated August 20, 2013 indic

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

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 Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally, a previous MRI has been performed, and it is unclear how the patient's complaints and/or findings have changed since that time. It is unclear why repeat imaging is indicated, and what sort of medical decision making will be based upon the outcome of the requested study. Additionally, the most recent neurologic examination is reportedly normal. In the absence of clarity regarding those issues the requested cervical MRI is not-medically necessary.

Lumbar MRI: Upheld

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 Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that 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 would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally, a previous MRI has been performed, and it is unclear how the patient's complaints and/or findings have changed since that time. It is unclear why repeat imaging is indicated, and what sort of medical decision making will be based upon the outcome of the requested study. Additionally, the most recent neurologic examination is reportedly normal. In the absence of clarity regarding those issues the requested lumbar MRI is not-medically necessary.

Lumbar X-rays: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography (X-rays).

Decision rationale: Regarding request for lumbar spine x-ray, Occupational Medicine Practice Guidelines state that 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 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, it is clear the patient has had substantial imaging already provided in the form of MRI. There is no statement indicating how the patient's symptoms or findings have changed since the time of the most recent imaging. Additionally, the requesting physician has not stated how his medical decision-making will be changed based upon the outcome of the currently requested lumbar x-ray. In the absence of clarity regarding those issues, the currently requested lumbar x-ray is not medically necessary.

Cervical X-Rays: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Radiography

Decision rationale: Regarding request for cervical spine x-ray, Occupational Medicine Practice Guidelines state that x-rays should not be recommended in patients with neck pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, it is clear the patient has had substantial imaging already provided in the form of MRI. There is no statement indicating how the patient's symptoms or findings have changed since the time of the most recent imaging. Additionally, the requesting physician has not stated how his medical decision-making will be changed based upon the outcome of the currently requested cervical x-ray. In the absence of clarity regarding those issues, the currently requested cervical x-ray is not medically necessary.

Electromyography (EMG): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for EMG of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. Additionally, it appears that the patient has previously undergone electrodiagnostic testing, and there is no statement indicating that there has been a change in the patient's subjective complaints or objective findings since the time of the previous study. In the absence of such documentation, the currently requested EMG of bilateral upper extremities is not medically necessary.

Nerve Conduction Velocity Test (NCV) BUE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for NCV of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. Additionally, it appears that the patient has previously undergone electrodiagnostic testing, and there is no statement indicating that there has been a change in the patient's subjective complaints or objective findings since the time of the previous study. In the absence of such documentation, the currently requested NCV of bilateral upper extremities is not medically necessary.

Electromyography (EMG) -Bilateral Lower Extremity: Upheld

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

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, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG studies of the lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. Additionally, it appears that the patient has previously undergone electrodiagnostic testing, and there is no statement indicating that there has been a change in the patient's subjective complaints or objective findings since the time of the previous study. In the absence of such documentation, the currently requested EMG of bilateral lower extremities is not medically necessary.

Nerve Conduction Velocity Test (NCV) Bilateral Lower Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287,303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for nerve conduction studies of the lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. Additionally, it appears that the patient has previously undergone electrodiagnostic testing, and there is no statement indicating that there has been a change in the patient's subjective complaints or objective findings since the time of the previous study. In the absence of such documentation, the currently requested NCV of bilateral lower extremities is not medically necessary.

Physical Therapy (PT) 3X6 Cervical and Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173,298,,Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: Regarding the request for additional physical therapy, CA MTUS Guidelines recommend a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.

Voltaren 75mg x 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Voltaren (diclofenac), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Voltaren is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, it appears that the patient has previously failed NSAIDs. In the absence of clarity regarding those issues, the currently requested Voltaren is not medically necessary.

Prevacid 30 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for lansoprazole (Prevacid), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested lansoprazole is not medically necessary.