

Case Number:	CM13-0044590		
Date Assigned:	06/09/2014	Date of Injury:	12/12/2008
Decision Date:	08/12/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/31/2013

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 represented [REDACTED] employee who has filed a claim for chronic neck, bilateral knee, chronic low back, and bilateral shoulder pain reportedly associated with an industrial injury of December 12, 2008. Thus far, the patient has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; a lumbar MRI imaging of July 5, 2010, notable for multilevel disk bulges, spondylolysis, and degenerative changes of uncertain clinical significance; earlier lumbar fusions surgery; and electrodiagnostic testing of the bilateral lower extremities of April 11, 2011, interpreted as normal. In a Utilization Review Report dated October 11, 2013, the claims administrator denied electrodiagnostic testing of the bilateral lower extremities, approved a knee specialty consultation, and denied a lumbar traction unit. The patient's attorney subsequently appealed. A March 31, 2014 progress note was notable for comments that the patient reported 3/10 pain with medications and 9/10 pain without medications. The patient was described as not working. Norco was renewed. On February 3, 2014, the patient the patient again reported 3-9/10 low back pain, unchanged since the previous visit. The patient was having difficulty performing activities of daily living as basic as of ambulating, it was acknowledged. Tenderness is noted about the lumbar spine. The patient's motor function was unchanged. Norco was renewed. The patient's work status was not furnished on this occasion. On August 13, 2013, authorization was sought for a knee arthroscopy. Electrodiagnostic testing of the bilateral upper and bilateral lower extremities was apparently sought via request for authorization form dated September 27, 2013 and a Doctor's First Report of September 9, 2013. The patient was described as having generalized neck, shoulder, and bilateral knee pain on that date with some numbness over the S1 dermatome. On this date, the patient had transferred care to a new primary treating provider. The patient also had positive McMurray testing. Preliminary diagnoses included generalized

pain syndrome, cervical radiculopathy, lumbar radiculopathy, shoulder tendinitis, and knee bursitis. The patient was placed off of work, on total temporary disability, on this date, for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" for applicants with a clinically obvious radiculopathy. In this case, the applicant has a clinically-evident radiculopathy and is status post lumbar fusion surgery. It is unclear how or if repeat lumbar MRI imaging would change or alter the clinical picture. It did not appear that repeat lumbar MRI imaging would result in epidural steroid injection therapy and/or surgery, even if positive. Furthermore, there does not appear to have been any marked change in the clinical presentation or clinical picture since earlier electrodiagnostic testing of 2011, referenced above. Therefore, the proposed EMG of the bilateral lower extremities is not medically necessary.

NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-16, 347.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 13, Table 13-6, electrical studies are "not recommended" and contraindicated for nearly all knee injury diagnoses. In this case, it was not clearly stated why the attending provider was seeking nerve conduction testing of the bilateral lower extremities. No clear operating diagnosis or differential diagnosis was provided so as to offset the unfavorable ACOEM recommendation. The applicant had widespread, multifocal knee, shoulder, neck, and lower back complaints. These appear to be biomechanical in nature as opposed to neurological or neuropathic in nature. No clearly voiced suspicion of a generalized peripheral neuropathy or other neurologic abnormality about the lower extremity was voiced here. Therefore, the request was not medically necessary.

EMG OF THE BILATERAL UPPER EXTREMITIES: 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): 182.

Decision rationale: While the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182 do support EMG testing to clarify diagnosis of nerve root dysfunction in applicants with suspected cervical disk herniations either preoperative or before a cervical epidural steroid injection, in this case, however, there was no evidence that the applicant was actively considering or contemplating any kind of interventional procedure involving the cervical spine, including either an epidural injection or cervical spine surgery. No clear rationale for the study in question was provided. It appears, furthermore, that the requesting provider, to whom the applicant transferred care on an around the date in question, may have been unaware of the results of previous diagnostic test results ordered by other providers. For all of the stated reasons, then, the request is not medically necessary.

NCV OF THE BILATERAL UPPER EXTREMITIES: 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.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, page 178 does suggest that NCV testing can help subtle, focal neurologic dysfunction in applicants with neck or arm symptoms or both which last greater than three to four weeks, in this case, however, there was no clearly voiced suspicion of a neurologic process pertaining to the cervical spine and/or upper extremities present here. Rather, it was suggested that the applicant had mechanical or axillary neck pain and mechanical, shoulder pain. No clear rationale for the study was provided so as to augment the tepid ACOEM recommendation. Therefore, the request is not medically necessary.

ONE LUMBAR TRACTION UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-18, 308.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 308, traction is deemed "not recommended." As with the other request, the attending provider did not provide much in the way of narrative commentary, applicant-specific rationale, or medical evidence which would offset the unfavorable ACOEM recommendation. It did not appear, moreover, that the attending provider had sought and/or the applicant had received a

successful one-month trial of the traction device in question before a request to purchase the same was made. Therefore, the request was/is not medically necessary.