

Case Number:	CM13-0046780		
Date Assigned:	03/03/2014	Date of Injury:	11/26/2002
Decision Date:	05/08/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a lumbar decompressive surgery in January 2013; electrodiagnostic testing at an earlier point in time, reportedly notable for mild bilateral carpal tunnel syndrome per the claims administrator; psychotropic medications; and extensive periods of time off of work. In a utilization review report of October 21, 2013, the claims administrator denied a request for 12 sessions of aquatic therapy, denied a psychological consultation, denied repeat electrodiagnostic testing of bilateral upper and bilateral lower extremities, denied a lumbar MRI, and denied a cervical MRI. The claims administrator did cite non-MTUS Chapter 7 guidelines in its decision to deny the psychiatric consultation and cited non-MTUS ODG Guidelines in its decision to deny cervical and lumbar MRI imaging. The applicant's attorney subsequently appealed. A December 27, 2013, progress note is notable for comments that the applicant reports low back pain with bilateral lower extremity complaints, 7/10, and right wrist pain, 5/10. The applicant was described as having persistent radiculopathy refractory to earlier spinal surgery. The applicant was described as using Norco and Flexeril for pain relief. A psychological consultation was sought, along with aquatic therapy, epidural steroid injection therapy, a TENS unit, a lumbar support, and a wrist brace. The applicant was placed off of work, on total temporary disability, for an additional four weeks. It was stated that the applicant would prefer to pursue an epidural steroid injection at L5-S1 and desired to avoid further surgical intervention. An earlier note of April 11, 2013 was again notable for the comments that the applicant was off of work, on total temporary disability. In an earlier progress note on November 4, 2013, the applicant was described as reporting persistent 8/10 to 9/10 low back pain radiating to the legs. The applicant was described as exhibiting diminished upper extremity strength in the 4+/5 to 5-/5 range with decreased sensorium about the right arm. The attending provider stated that the applicant should

continue with acupuncture therapy and try and keep her diabetes under control. The attending provider stated that he would prefer to seek an extension of a previously authorized cervical decompression and fusion surgery at C5-C6 and C6-C7. An earlier note of October 8, 2013, was again notable for the comments that the applicant would like to extend the previously authorized anterior cervical discectomy and fusion procedure. The applicant was currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR THE LUMBAR SPINE: 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): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, Aquatic Therapy is recommended as an optional form of exercise therapy, in applicants in whom reduced weightbearing is desirable. In this case, however, the applicant's gait and ambulatory status were not clearly described or detailed on any recent office visit. There is no evidence of gait derangement noted. There is no evidence of any condition or conditions for which reduced weightbearing is desirable. Therefore, the request is not certified.

PSYCH CONSULT: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5 on page 388, referral to a mental health professional is indicated in applicants in whom symptoms become disabling despite primary care interventions or persist beyond three months. In this case, the applicant has been using psychotropic medication for some time. The applicant was described as using Zoloft for mood stabilization purposes on and off at a visit of June 4, 2013. The applicant was also using another psychotropic medication, Elavil, seemingly for chronic pain purposes. Given the applicant's persistent psychological issues, failure to return to work, and ongoing usage of psychotropic medication, obtaining the added expertise of a psychiatrist/psychologist is indicated, appropriate, and supported by ACOEM. Therefore, the request is certified, on independent medical review.

REPEAT EMG OF THE BILATERAL EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 182, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 182 and 309.

Decision rationale: While the MTUS adopted ACOEM Guidelines in Chapter 15, page 261, do state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy, in this case, the applicant already carries a diagnosis of electrodiagnostically confirmed carpal tunnel syndrome and radiographically confirmed cervical radiculopathy. The applicant also has longstanding lumbar radiculopathy, also radiographically confirmed. As noted in both the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 182, and the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" for a clinically obvious radiculopathy in applicants in whom the historical findings and radiographic findings are compatible with symptoms. In this case, the applicant already has clinically evident, radiographically confirmed cervical and lumbar radiculopathy. It is unclear why repeat electrodiagnostic testing is being sought as the diagnoses in question have already been definitively established.

REPEAT NCV OF THE BILATERAL 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 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 261, 309, 377.

Decision rationale: While the MTUS adopted ACOEM Guidelines in Chapter 11, page 261, do endorse electrodiagnostic testing, including nerve conduction testing, of the upper extremities in applicants in whom earlier electrodiagnostic testing was negative, in this case, the applicant has already had electrodiagnostic testing in August 2013 which did definitively establish the diagnosis of mild bilateral carpal tunnel syndrome. It is unclear why repeat studies are being sought as the diagnosis in question has already been definitively established, both clinically and electrodiagnostically. As further noted in the MTUS adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies are "not recommended" for routine evaluation of lower leg issues without clinical evidence of entrapment neuropathy. In this case, again, the applicant has clinically evident, radiographically confirmed lumbar radiculopathy. Nerve conduction testing of both upper and lower extremities is superposed, for all the stated reasons. Therefore, the request remains not certified, on independent medical review.

MRI OF THE LUMBAR SPINE: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12 on page 303, unequivocal evidence of neurologic compromise is sufficient evidence to warrant imaging studies in applicants who do not respond to treatment and who would consider surgery an option were it offered to them. In this case, however, while the applicant does have some evidence of lumbar radiculopathy/neurologic compromise associated with the lumbar spine, it is clearly stated on multiple occasions referenced above the applicant is not intent on pursuing lumbar spine surgery. It is stated on several occasions, referenced above, that the applicant has no intention on pursuing further spine surgery, and that the applicant does not desire to pursue any interventions more invasive than an epidural steroid injection. Since lumbar MRI imaging will not influence the treatment plan and is not being used for preoperative planning purposes, the request is not certified, on independent medical review.

REPEAT MRI OF THE CERVICAL SPINE: Upheld

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

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 cervical MRI imaging to validate a diagnosis nerve root compromise, based on clear history and physical examination findings, in preparation for an invasive procedure, in this case, however, it is clearly stated on multiple occasions referenced above that the applicant is not intent on pursuing an interventional spine procedure. The applicant apparently elected to defer previously authorized cervical spine surgery on multiple occasions throughout late 2013. Cervical MRI imaging, at this point, would not serve any purpose as the applicant is not intent on acting upon the results and/or pursuing cervical spine surgery. Therefore, the request is not certified.