

Case Number:	CM13-0053204		
Date Assigned:	01/15/2014	Date of Injury:	05/20/2009
Decision Date:	06/16/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/18/2013

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:

This 40 year old female has reported neck, back, shoulder and other areas of widespread pain after a motor vehicle accident on 05/20/09. She has been diagnosed with cervical sprain/strain, trapezial myofasciitis, left shoulder subacromial bursitis, lumbar sprain/strain with radiculitis versus radiculopathy, and a lumbar bulge at L5-S1. Treatment has included medications, visits with multiple treating physicians, lumber epidural steroid injection in 2012, evaluation and treatment by "pain management" physicians, physical therapy, and chiropractic. The cervical MRI on 4/22/13 showed mild, multilevel degenerative changes with no specific nerve or cord compression. The lumbar MRIs on 1/7/10 and 6/18/13 showed multilevel degenerative changes with no specific nerve or cord compression. Radiographs of the cervical and lumbar spine on 8/1/11 were normal for age. Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the lower extremities in 2009 were normal, at which time there were symptoms radiating to all extremities. EMG/NCVs of the upper extremities on 7/23/10 were largely normal, with mild changes possibly caused by left C5 pathology. Two orthopedic surgeons provided care for the injured worker in 2009 to 2012, and did not recommend surgery. The injured worker's symptoms have been non-specific, regional, widespread, and have not correlated with any specific pathology by objective testing. No progressive neurological deficits have been identified in the medical reports. On 10/25/13, the injured worker was evaluated by a new treating physician who has prescribed the services that are the subject of this Independent Medical Review. The report from that date is brief, and does not list the medical history for this injury. The symptoms are of neck pain and low back pain, possibly with non-specific radiation (report is handwritten and partially illegible). The physical examination is very brief, and does not list any specific neurological deficits. The treatment plan includes the items under Independent Medical Review. The specific indications for these services are not discussed. Work status is "modified duties",

not specified further. A subsequent report from this physician on 11/15/13 does not provide significant new information, but does prescribe additional tests and procedures. On 11/13/13, Utilization Review denied the referrals, tests and treatment that are under consideration for this Independent Medical Review. Utilization Review noted a prior cervical and lumbar MRI in 2013, and prior upper extremities EMG/NCV on 4/22/13. The requested services were denied based on the indications in the MTUS, duplication of prior treatment and tests, and lack of sufficient evaluation by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION FOR CERVICAL AND LUMBAR SPINE:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Pain Management Consultation, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), (2009) pages 180, 210, 306.

Decision rationale: The MTUS does not provide references to "pain management". As commonly practiced, "pain management" is treatment for chronic pain when there is not a clear resolution of the pain expected and/or when the patient has not responded to usual care. Per the MTUS citations above, referral is an option when surgery is not indicated. This injured worker has been treated by multiple "pain management" physicians to date and the current treating physician has provided no account of any kind regarding the prior treatment and reasons why another referral is needed. The referral from the current treating physician is not medically necessary based on lack of sufficient evaluation, lack of any stated indications for the referral, a concurrent referral for surgical evaluation, the long history of prior "pain management" treatment.

NEUROSURGEON CONSULTATION FOR CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Pain Management Consultation, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), (2009) Pages 180, 183, Page 305, Indications For Surgical Consultation.

Decision rationale: The treating physician has not described the specific pathology for which surgery may be indicated. The MRIs do not show a specific surgical lesion. The patient's symptoms are non-specific and not indicative of a specific surgical lesion. The treating physician

has not provided the specific indications for spine surgery, per the criteria in the MTUS. He has not described any specific and objective surgical pathology in his recent reports. The MTUS recommends surgical consultation for patients who have clear signs and symptoms of a specific lesion that is established to respond well to surgery in the short and long term. The last surgeons who saw this injured worker did not recommend surgery. The criteria for surgery, per the MTUS, are not met, making this referral not medically necessary.

MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Based on the available physician reports, there is insufficient medical necessity to proceed with MRI of the cervical spine. The MTUS criteria for imaging of the spine are based on the presence of very good clinical evidence of significant pathology in the spine. Ongoing pain or non-specific radiating symptoms do not constitute a sufficient basis for performing an MRI. The treating physician has not documented any specific neurological deficits or other signs of significant pathology. The prior MRI was normal for age. There have not been any significant changes in this patient's clinical presentation since that MRI. The MRI is not medically necessary based on the MTUS and the lack of any specific indications.

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 290.

Decision rationale: The treating physician has not described the clinical evidence of significant pathology, such as "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination". No "red flag" conditions are identified. The treating physician has not provided an adequate clinical evaluation, as outlined in the MTUS ACOEM Guidelines Pages 291-296. The treating physician has not provided specific indications for performing an MRI. There are no significant changes clinically since the last MRI. The current clinical exam is benign. Repeat MRI may be indicated if there were to be significant worsening as evidenced by specific signs and symptoms suggesting new low back pathology. MRI of the lumbar spine is not medically necessary in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself indication for a repeat MRI. An MRI of the lumbar spine is not medically necessary based on lack of sufficient indications per the MTUS.

NERVE CONDUCTION VELOCITY (NCV) UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 182, 168-171, 196-201, 213.

Decision rationale: There are no reports from the prescribing physician which adequately present the neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. EMG/NCS may be warranted if there are signs and symptoms of neuropathy, central or peripheral. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. For example, a diagnosis of radiculopathy should be supported by the signs and symptoms listed in the MTUS cited above. Based on the recent clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. This injured worker has had prior electrodiagnostic testing that was not discussed by the treating physician. No repeat testing would be indicated absent a significant clinical change as well as a discussion of those test results. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and clinical examination outlined in the MTUS.

ELECTROMYOGRAPHY (EMG) UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 182, 168-171, 196-201, 213.

Decision rationale: There are no reports from the prescribing physician which adequately present the neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. EMG/NCS may be warranted if there are signs and symptoms of neuropathy, central or peripheral. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is

minimal and there is no specific neurological information showing the need for electrodiagnostic testing. For example, a diagnosis of radiculopathy should be supported by the signs and symptoms listed in the MTUS cited above. Based on the recent clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. This injured worker has had prior electrodiagnostic testing that was not discussed by the treating physician. No repeat testing would be indicated absent a significant clinical change as well as a discussion of those test results. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and clinical examination outlined in the MTUS.

NERVE CONDUCTION VELOCITY (NCV) LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Web Version, and Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303, 309, 291-5.

Decision rationale: There are no reports from the prescribing physician which adequately present the neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. EMG/NCS may be warranted if there are signs and symptoms of neuropathy, central or peripheral. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. For example, a diagnosis of radiculopathy should be supported by the signs and symptoms listed in the MTUS cited above. Based on the recent clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. This injured worker has had prior electrodiagnostic testing that was not discussed by the treating physician. No repeat testing would be indicated absent a significant clinical change as well as a discussion of those test results. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and clinical examination outlined in the MTUS.

ELECTROMYOGRAPHY (EMG) LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303, 309, 291-295.

Decision rationale: There are no reports from the prescribing physician which adequately present the neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. EMG/NCS may be warranted if there are signs and symptoms of neuropathy, central or peripheral. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. For example, a diagnosis of radiculopathy should be supported by the signs and symptoms listed in the MTUS cited above. Based on the recent clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. This injured worker has had prior electrodiagnostic testing that was not discussed by the treating physician. No repeat testing would be indicated absent a significant clinical change as well as a discussion of those test results. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and clinical examination outlined in the MTUS.

INITIAL FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, page 137.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 137-8, 81, 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation (FCE).

Decision rationale: The ACOEM Guidelines do not recommend functional capacity evaluations ("FCE") as an evaluation for disability. The ACOEM guidelines pages 137-8, in the section referring to Independent Medical Evaluations (which is not the context in this case), state "there is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace" and "...it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions". The MTUS for Chronic Pain and ODG recommend FCE for Work Hardening programs, which is not the context in this case. The treating physician has not defined the components of the FCE. Given that there is no formal definition of an FCE, and that an FCE might refer to a vast array of tests and procedures, medical necessity for an FCE (assuming that any exists), cannot be determined without a specific prescription which includes a description of the intended content of the evaluation. The MTUS for Chronic Pain, in the Work Conditioning-Work Hardening section, mentions an FCE as a possible criterion for entry, based on specific job demands. The treating physician has not provided any information in compliance with this portion of the MTUS. The FCE in this case is not medically necessary based on lack of medical necessity and lack of a sufficiently specific prescription.

ACUPUNCTURE CERVICAL AND LUMBAR SPINE 8 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The recent prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. An initial course of acupuncture per these guidelines is 3-6 visits; the treating physician prescribed 8 visits. Medical necessity is based on "when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". The treating physician has not discussed these indications. The acupuncture is not medically necessary based on an initial course which exceeds the quantity recommended in the MTUS, and the lack of specific indications listed in the MTUS.