MAXIMUS Federal Services

Case Number:	CM13-0055495		
Date Assigned:	04/25/2014	Date of Injury:	11/17/2000
Decision Date:	07/07/2014	UR Denial Date:	09/02/2013
Priority:	Standard	Application Received:	11/20/2013

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 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 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 46-year-old male with date of injury of 11/17/2000. The listed diagnoses per [redacted] dated 08/08/2013 are: 1. Cervical pain. 2. Low back pain. 3. Right knee pain. 4. Right knee osteoarthritis. According to the report, the patient complains of constant midback pain localized to the right paraspinal paramedian aspect at a level below the inferior aspect of the right scapula.The patient also complains of constant neck pain posterior/inferiorly with no radicular symptoms. He also complains of low back pain at the midline and slightly left paramedian aspect. There is also reports pain in the right medial knee with associated periodic numbness and tingling to the bilateral feet. He states that the pain is relieved with medication and bracing. The physical exam shows range of motion is restricted in the lumbar spine. There is tenderness upon palpation in the paravertebral muscles with hypertonicity and spasms noted on both sides. Heel and toe walk are normal. Lumbar facet loading is positive on both sides. Straight leg raise test is negative. Ankle jerk is 0/4 on both sides. Patellar jerk is 0/4 on both sides. The right knee shows tenderness to palpation over the medial joint line. McMurray's test is positive as well as crepitus. Sensory exam shows light touch sensation is normal. Bilateral knee active range of motion is symmetric. The Utilization Review denied the request on 09/02/2013.

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: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic neck, low back, mid back and right knee pain. The treater is requesting an EMG of the bilateral lower extremities. The ACOEM Guidelines page 303 states, "electromyography (EMG), including H-reflex test, maybe useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." In addition, ODG on NCV states, "not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS." The review of report shows that the patient had an EMG/NCS on 02/04/2013 which showed electrodiagnostic findings consistent with a lumbosacral radiculopathy. The treater notes on the 08/08/2013 report that he wanted to verify the source of neurological symptoms. However, EMG/NCS studies were already performed. There does not appear to be any rationale for repeating the studies. Recommendation is for denial.

NCS OF THE BILATERAL LOWER EXTREMITIES: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic neck, low back, mid back and right knee pain. The provider is requesting an NCV of the bilateral lower extremities. The ACOEM Guidelines page 303 states, "electromyography (EMG), including H-reflex test, maybe useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." In addition, ODG on NCV states, "not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS." The review of report shows that the patient had an EMG/NCS on 02/04/2013 which showed electrodiagnostic findings consistent with a lumbosacral radiculopathy. The provider notes on the 08/08/2013 report that he wanted to verify

the source of neurological symptoms. However, EMG/NCS studies were already performed. There does not appear to be any rationale for repeating the studies. Recommendation is for denial.

ONE (1) MRI OF THE LUMBAR SPINE, NON CONTRAST: 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): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRIs (magnetic resonance imaging).

Decision rationale: This patient presents with chronic neck, low back, mid back and right knee pain. The treater is requesting an MRI of the lumbar spine. The ACOEM Guidelines page 303, on MRI for the lumbar spine states, "Unequivocal objective findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatments and who 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." In addition, ODG states that repeat MRI is not particularly recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recurrent disk herniation). The review of records show that the patient had a CT scan of the lower lumbar spine on 11/17/2000 showing no evidence of acute intracranial trauma or fractures and no evidence of acute intraabdominal or pelvic trauma. The progress report dated 08/08/2013 shows limited and restricted range of motion in the lumbar spine including tenderness upon palpation of the paravertebral muscles, hypertonicity, and spasms were also noted. Lumbar facet loading is positive on both sides. In this case, while the treater is concerned about possible pathology, the patient does not present with significant neurological compromise that would warrant an MRI. Recommendation is for denial.

VOLTAREN GEL 4GM #3: Overturned

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 Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with chronic neck, low back, mid back and right knee pain. The treater is requesting Voltaren gel. The MTUS Guidelines page 111 on topical analgesics states that it is largely experimental when used with few randomized control trials to determine efficacy or safety. In addition, it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (elbow, foot, hand, knee, and wrist). Topical NSAIDs also has not been evaluated for treatment of spine, hip, or shoulder.

In this case, the patient suffers from chronic knee pain due to osteoarthritis. Recommendation is for authorization.

ONE (1) MRI OF THE RIGHT KNEE, NON CONTRAST: Overturned

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): 341,342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee, MRI.

Decision rationale: This patient presents with chronic neck, low back, mid back and right knee pain. The treater is requesting an MRI of the right knee. The ACOEM Guidelines page 341 and 342 on MRI for the knee states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. The review of reports show that the patient had an MRI for the right knee on 02/01/2002 showing popliteal cyst, prepatellar and infrapatellar bursitis, and a 5-mm focus of subcortical increased signal in the mid tibial plateau. The progress report dated 08/08/2013 shows that the patient's right knee is tender upon palpation over the medial joint line with a positive McMurray's test. It appears that the treater is concerned about possible tears in the right knee. In this case despite conservative treatments, the patient continues to remain symptomatic and an updated MRI of the right knee is reasonable given his persistent symptoms, recommendation is for authorization.