

<b>Case Number:</b>	CM13-0058423		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/09/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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:

This patient is a 41-year-old with date of injury of November 9, 2012. Per handwritten treating physician report November 14, 2013, subjective complaints include lumbosacral, right hip, right knee, Visual Analog Scale 8/10 pain with no change. Current medications are very helpful. ADL, limited upper body dressing. There are some scribbles next to MRI and it reads spasms, stiffness TTP, positive swelling at the knee TTP, right hip TTP. List of diagnoses include lumbosacral signs and symptoms of myofascitis, right hip contusion, right knee contusion, status post surgery, and anxiety with stress. Recommendations have check marks next to x-ray - body parts, pain management, pharmacy, and therapies. August 1, 2013 report is also reviewed as there were only three progress reports provided for this review. These include November 4, August 1, and April 25, 2013 reports by [REDACTED]. August 1, 2013 is also handwritten. The patient complains of severe lumbosacral right hip and right knee pain at 8/10, uses cane. Other parts are difficult to read. There are check marks next MRI lumbosacral spine, right knee, check mark next to EMG (electromyogram)/NCV (nerve conduction velocity) studies, check mark next to pharmacy, check mark next to therapies, and the patient is to return appointment September 13, 2013. Request for authorization forms are dated April 25, 2013 for initial pain management evaluation. There is another RFA (request for authorization) dated April 25, 2013 for continued electrical acupuncture 1 time a week for six weeks after last session, functional improvement will be produced via reevaluation on the nine treatment with supporting objective functioning testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI/CT scan/MRA (magnetic resonance arthrogram) of lumbar spine and right knee:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC LUMBAR BACK PROCEDURE SUMMARY (LAST UPDATED 5/10/2013).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines, low back chapter for MRI.

**Decision rationale:** This patient presents with low back, knee, and hip pain. Unfortunately, all of the progress reports provided for this review were handwritten. The request is for MRI/CT scan/MRI lumbar spine and right knee. I was not able to find the progress report that discusses the request. The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines require presence of red flags, progressive neurologic deficit to consider a specialized study for lumbar spine. For chronic condition, ODG Guidelines may be more appropriate. The ODG Guidelines require neurologic signs and symptoms to consider MRI of the lumbar spine and also suspicion for internal derangement for MRI of the right knee. Review of the reports shows that there are MRI reports from September 28, 2013 of the lumbar spine and MRI of the right knee from September 21, 2013. Given that the RFA is from April 25, 2013, these MRIs may have been obtained without authorization. Without proper discussion of this patient's symptoms, examination findings, and evidence of conservative treatments, it is difficult to consider the request for the specialized studies. All the reports that are provided show handwritten reports that are difficult to read. None of the reports seem to show evidence of red flags, significant neurologic deficits such as weakness or sensory changes or deep tendon reflex changes. None of the reports describe specific radiating symptoms into lower extremities to be concerned about neurologic deficits or nerve root problems requiring an MRI. Review of the reports does not describe what kind of problem this patient is having with the right knee to consider possible MRI studies. This injury is also from November 9, 2012, and it is not known whether or not the patient has had prior specialized studies, which the treating physician does not discuss. The request for a MRI/CT scan/MRA of lumbar spine and right knee is not medically necessary or appropriate.

**Twelve chiropractic care sessions for the back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain section has the following regarding manual therapy and treatments: (pp58,59)Manual therapy & manipulation.

**Decision rationale:** This patient presents with chronic low back, hip, and knee pain. The current request is for twelve sessions of chiropractic treatments. None of the reports provided discuss

specific request. Provided reports were handwritten with check marks next to various different boxes. There are no discussions regarding what kind of treatment this patient has had. There are no descriptions of how the patient has responded to various different conservative treatments in the past. The Chronic Pain Medical Treatment Guidelines allow trial of chiropractic treatments up to three to six sessions. The current request is for twelve chiropractic treatments. Assuming that the patient has not had prior chiropractic treatments, the request for twelve sessions exceeds what is allowed by the Chronic Pain Medical Treatment Guidelines for initial trial. The request for twelve chiropractic care sessions for the back is not medically necessary or appropriate.

**Eight chiropractic care sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section has the following regarding manual therapy and treatments: (pp58,59)Manual therapy & manipulation.

**Decision rationale:** This patient presents with chronic low back, hip, and knee pain. The current request is for 8 sessions of chiropractic treatments. None of the reports provided discuss specific request. Provided reports were handwritten with check marks next to various different boxes. There are no discussions regarding what kind of treatment this patient has had. There are no descriptions of how the patient has responded to various different conservative treatments in the past. The Chronic Pain Medical Treatment Guidelines allow trial of chiropractic treatments up to three to six sessions. The current request is for twelve chiropractic treatments. Assuming that the patient has not had prior chiropractic treatments, the request for twelve sessions exceeds what is allowed by the Chronic Pain Medical Treatment Guidelines for initial trial. The request for eight chiropractic care sessions is not medically necessary or appropriate.

**Pain management evaluation and treatment based on outcome of procedures:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC PAIN PROCEDURE SUMMARY (LAST UPDATED 06/07/2013).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation This patient presents with chronic pain in the low back, knee, and hip. The request is for pain management evaluation. This request appeared reasonable given the patient's persistent pain. It should be noted that the current treating physician's progress reports are handwritten and it is nearly impossible to determine the patient's current clinical presentation. There is inadequate reporting of the patient's medical issues. It would be prudent to have the patient referred to a pain management for an evaluation and further treatment. ACOEM Guidelines page 127 certainly supports referral to specialist for complex cases.

**Decision rationale:** This patient presents with chronic pain in the low back, knee, and hip. The request is for pain management evaluation. This request appeared reasonable given the patient's persistent pain. It should be noted that the current treating physician's progress reports are handwritten and it is nearly impossible to determine the patient's current clinical presentation. There is inadequate reporting of the patient's medical issues. It would be prudent to have the patient referred to a pain management for an evaluation and further treatment. The Independent

Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines certainly supports referral to specialist for complex cases. The request for pain management evaluation and treatment based on outcome of procedures is medically necessary and appropriate.

**Four extended acupuncture sessions with adjunct procedures/modalities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines [http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS\\_FinalCleanCopy.doc\(2\) Acupuncture Medical Treatment Guidelines](http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS_FinalCleanCopy.doc(2)AcupunctureMedicalTreatmentGuidelines), The Acupuncture Medical Treatment Guidelines set forth in this subdivision shall supersede the text in the ACOEM Practice Guidelines, Second Edition, relating to acupuncture, except for shoulder complaints, and shall address acupuncture treatment where not discussed in the ACOEM Practice Guidelines.

**Decision rationale:** This patient presents with chronic low back, hip, and knee pain. The request is for extended four acupuncture treatments. Review of the reports does not show acupuncture therapy reports. Handwritten progress reports are difficult to read, and none of the reports discuss the patient having received acupuncture treatments. The Chronic Pain Medical Treatment Guidelines do support acupuncture treatments, but after initial trial of 6 sessions, for more sessions, functional improvement must be documented. In this case, none of the reports discuss how the patient has responded to previous acupuncture treatments. The request for four extended acupuncture sessions with adjunct procedures/modalities is not medically necessary or appropriate.

**Electromyography (EMG):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC LOW BACK PROCEDURES SUMMARY (LAST UPDATED 05/10/13).

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

**Decision rationale:** This patient presents with persistent low back pain, radiating symptoms to lower extremity. The request is for EMG of the right lower extremity. The request appeared reasonable. Review of the handwritten reports does not include any prior electrodiagnostic studies. The Low Back Complaints Chapter of the ACOEM Practice Guidelines support use of EMG and H-wave studies for diagnostic workup of low back pain to determine any focal neurologic deficit. The request for an EMG is medically necessary and appropriate.

**Nerve Conduction Velocity (NCV) study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC LOW BACK PROCEDURES SUMMARY (LAST UPDATED 05/10/13).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding Electrodiagnostic Studies: See also Nerve conduction studies (NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. For more information and references, see the Carpal Tunnel Syndrome Chapter.

**Decision rationale:** This patient presents with low back, right lower extremity pain, knee pain, and hip pain. Request is for nerve conduction studies. ACOEM Guidelines do not discuss NCV studies, but only recommends EMG and H-wave studies for evaluation of his low back pain to determine focal neurologic deficits. The ODG regarding nerve conduction studies of the lower extremities indicates that it is supported if the symptoms down the leg are presumed to be coming from the lumbar spine. Review of the reports by the treating physician does not raise any concerns regarding other potential problem such as peripheral neuropathies, plexopathies that would explain the patient's leg symptoms. The request for an NCV is not medically necessary or appropriate.

**Orthopedic evaluation and treatment based on outcome of evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC PAIN PROCEDURE SUMMARY (LAST UPDATED 06/07/2013).

**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), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127.

**Decision rationale:** This patient presents with persistent hip, knee, and low back pain. The request is for orthopedic evaluation. The Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines does support specialty consultation to evaluate and address complex issues. This patient has had persistent pain condition lasting more than 6 months and specialty referral to orthopedist to have the hip joint and knee joint evaluated is reasonable. The request for Orthopedic evaluation and treatment based on outcome of evaluation is medically necessary and appropriate.

**Extracorporeal Shockwave Therapy (ESWT), twelve sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC KNEE AND LEG PROCEDURE SUMMARY (LAST UPDATED 06/07/2013).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding ESWT for shoulder problems.

**Decision rationale:** This patient presents with low back, hip, and knee pains. The current request is for extracorporeal shockwave therapy, for twelve sessions. The request for authorization was made on August 1, 2013. The Medical Treatment Utilization Section (MTUS) Guidelines do not discuss shockwave therapy. ODG addressed extracorporeal shockwave

therapy in the specific conditions of shoulder, elbow, and heel. Under lumbar spine, extracorporeal shockwave therapy is not recommended. The request is for shockwave therapy without specification of diagnosis of body part. The request for ESWT, twelve sessions, is not medically necessary or appropriate.

**Six extended acupuncture sessions with adjunct procedures/modalities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines

Acupuncture for Neck and Low back

Pain:[http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS\\_FinalCleanCopy.doc\(2\) Acupuncture Medical Treatment Guidelines](http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS_FinalCleanCopy.doc(2) Acupuncture Medical Treatment Guidelines)The Acupuncture Medical Treatment Guidelines set forth in this subdivision shall supersede the text in the ACOEM Practice Guidelines, Second Edition, relating to acupuncture, except for shoulder complaints, and shall address acupuncture treatment where not discussed in the ACOEM Practice Guidelines.

**Decision rationale:** This patient presents with low back, hip, and right knee pain. The current request is for extended six acupuncture treatment sessions. Despite review of multiple reports that are handwritten, there is no mention of acupuncture treatments being provided. There is no discussion regarding how the patient is done from previous acupuncture treatments. The Chronic Pain Medical Treatment Guidelines do support use of acupuncture treatments, but after three to six initial sessions, significant functional improvement must be demonstrated. Functional improvement is defined as significant change in activities of daily living or change in work status and last dependency on medical treatments. None of the parameters were discussed or provided with the initial trial of acupuncture treatments. The request for six extended acupuncture sessions with adjunct procedures/modalities is not medically necessary or appropriate.

**Six extended acupuncture sessions with adjunct procedures/modalities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines

Acupuncture for Neck and Low back

Pain:[http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS\\_FinalCleanCopy.doc\(2\) Acupuncture Medical Treatment Guidelines](http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS_FinalCleanCopy.doc(2) Acupuncture Medical Treatment Guidelines)The Acupuncture Medical Treatment Guidelines set forth in this subdivision shall supersede the text in the ACOEM Practice Guidelines, Second Edition, relating to acupuncture, except for shoulder complaints, and shall address acupuncture treatment where not discussed in the ACOEM Practice Guidelines.

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