

Case Number:	CM13-0059740		
Date Assigned:	12/30/2013	Date of Injury:	04/11/2002
Decision Date:	05/07/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/02/2013

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 and Pain Management, has a subspecialty in Interventional Spine 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 50-year-old female, date of injury 04/11/2002. Per treating physician's report 10/28/2013, presenting symptoms are low back; numbness and tingling in both lower extremities; neck pain; pain, numbness, and burning right upper extremity; right wrist and hand pain with numbness and tingling; right knee pain, chronic. Listed diagnoses are: 1. Multiple injuries post severe industrial accident. 2. Chronic multi-joint pain and also multi-musculoskeletal system with failed pseudo back surgery syndrome and radiation down the right leg. 3. Right carpal tunnel compression neuropathy. 4. Mild DJD of the knee, rule out internal derangement. 5. Cervical pain with spondylosis at C4-C5 and C5-C6 with possible upper extremity radiculopathy. Recommendations include MRI of the C-spine, right knee lumbosacral spine, EMG of lower and upper extremities, therapy for knee, neck, low back, carpal tunnel orthosis, lumbosacral orthosis. Medication was for tramadol and Neurontin. The AME report was reviewed from 08/30/2012. This report indicates an MRI of the right knee which was obtained in 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177, 178.

Decision rationale: This patient presents with chronic neck pain since injury 2002. There is a request for MRI of the C-spine per treating physician's report 10/28/2013. This appears to be the first evaluation with this physician, [REDACTED]. He has asked for MRI of the C-spine but does not mention prior studies. Review of the AME report from 09/20/2011 shows that the patient has had numerous cervical spine MRIs in the past and there is a reference to a cervical spine MRI from 2004. ACOEM Guidelines do not recommend special studies unless there is a physiologic evidence of tissue insult or neurologic dysfunction. ODG Guidelines recommend MRI for neurologic signs and symptoms that are present for chronic neck pain. In this case, the patient has already had an MRI for the patient's persistent pain. The treating physician does not provide any rationale for obtaining updated MRIs. There is no evidence of progressive neurologic deficit. There is no documentation of new injury or significant change in this patient's symptoms. This patient appears to be experiencing chronic neck pain as usual. There is no guideline support for obtaining updated MRIs in a certain time frame for chronic pain patients. The request is denied.

MRI WITH CONTRAST OF THE LUMBOSACRAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303.

Decision rationale: This patient presents with chronic low back pain with lumbar fusion surgery and arthroplasty at L4-L5 and L5-S1. There is a request for MRI of the lumbar spine. However, review of the reports show that the patient had MRIs in the past with the last one in 2008 along with CT scan and lumbar spine. The treating physician does not explain why an updated MRI is needed. ACOEM Guidelines recommends special studies for definitive evidence of neurologic dysfunction. ODG Guidelines support MRIs for neurologic signs and symptoms and chronic pain. In this case, the patient has already had MRIs. There is no documentation of deterioration of patient's neurologic status. There are no new injuries or significant change in the clinical presentation to warrant updated MRI. The Guidelines do not discuss updated MRIs in a certain time frame for chronic pain. The request is denied.

ELECTROMYOGRAPHY (EMG) OF THE LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, NECK AND UPPER BACK

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303.

Decision rationale: This patient presents with chronic low back pain with history of lumbar fusion at L4-L5-S1. There is arthroplasty at L4-L5. The treater has asked for EMG studies of the lower extremities per report 10/28/2013. However, he does not discuss the EMG studies that were obtained in 2004 referenced by the agreed medical evaluator report 09/20/2011. ACOEM and ODG Guidelines do not discuss obtaining updated EMG studies for persistent symptoms. In

the investigational phase, it is appropriate to obtain EMG studies as supported by ACOEM Guidelines for investigation of focal neurologic deficit. In this patient, EMG was already obtained in 2004, and there is no documentation of new injuries, significant change in neurologic status, and no clinical deterioration neurologically. The request is denied.

ELECTROMYOGRAPHY (EMG) OF THE UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, NECK AND UPPER BACK

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 262.

Decision rationale: This patient presents with chronic neck and upper extremity symptoms. The treating physician has asked for EMG studies of the upper extremities per his report 10/28/2013. However, review of the AME report from 09/28/2011 showed that the patient had electrodiagnostic studies of upper extremities in 2008, which were normal. ACOEM Guidelines support electrodiagnostic studies of the upper extremities to differentiate carpal tunnel syndrome versus radiculopathy and other peripheral neuropathy condition. In this case, the patient already had electrodiagnostic studies. The treating physician does not explain why an updated studies are needed other than the passage of time. Guidelines do not discuss the need for periodic electrodiagnostic studies to help manage chronic pain. There is no documentation of new injury, aggravation, deterioration of neurologic symptoms and signs do warrant updated electrodiagnostic studies. The request is denied.

THERAPY; AMOUNT AND FREQUENCY/DURATION NOT SPECIFIED, FOR THE RIGHT KNEE, NECK AND LOWER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: This patient presents with chronic neck and low back pain. The patient has had lumbar fusion and arthroplasty. The treater has asked for physical therapy but does not specify the frequency and duration. MTUS Guidelines page 8 require that the physician provide monitoring and recommending appropriate treatments. In this case, the treater does not specify how much therapy the request is for. The treating physician also does not provide medical records review to ascertain physical therapy history, how the patient has done with therapy in the past. Given the chronicity of this patient's condition, it is not known what physical therapy intervention is going to do for this patient at this juncture. Without documentation of therapy history, specific goals to be achieved. The request is denied.

LUMBOSACRAL ORTHOSIS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 301.

Decision rationale: This patient presents with chronic low back pain. The patient is status post lumbar arthroplasty and fusion from 2007 and 2008. The treating physician has asked for lumbosacral orthosis. ACOEM Guidelines page 301 states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." When reading ODG Guidelines, standard back brace is supported for postoperative care following fusion. However, this patient is 7 years postop from lumbar fusion, and lumbar brace is not addressing postoperative recovery time frame. Under treatment, ODG Guidelines state that lumbar bracing is recommended as an option for compression fractures, specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. It states, however, that for nonspecific low back pain, very low quality evidence exist but that it may be a conservative option. Given that this patient has had two-level fusion with arthroplasty and some support for nonspecific low back pain, and some support for postoperative care for the use of back brace per ODG Guidelines, recommendation is for authorization.