MAXIMUS Federal Services

Case Number:	CM13-0062896		
Date Assigned:	12/30/2013	Date of Injury:	10/14/2009
Decision Date:	05/16/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 55 year old female who was injured on 10/14/2009. The mechanism of injury is unknown. Prior treatment history has included aqua therapy. Her medications include Norco 10 mg, Xanax, Soma, Prilosec and Lisinopril 10 mg. Progress note 09/05/2013 documented the patient is having aqua therapy which is increasing her range of motion and functional capacity status. She is being seen by an internal medicine specialist who is addressing her other problems as well. Objective findings on examination reveal the patient is alert and oriented time three. There are no signs of sedation. Spasm and tenderness are in the paravertebral muscles of the cervical and lumbar spines with decreased range of motion on flexion and extension. Discomfort is noted on flexion and extension of the knees bilaterally against the gravity. Truncal obesity is noted. PR-2 dated 11/08/2013 documented the patient with complaints of pain in the lumbar spine rated 10/10, right shoulder 10/10, cervical spine, right wrist, left knee, bilateral hips and left knee. Her blood pressure is 143/86. She continues with increased pain and headaches. Objective findings on exam are illegible. Diagnoses: 1. Cervical spine myofasciitis 2. Left knee sprain 3. Right arm sprain 4. Right elbow sprain 5. Right wrist sprain 6. Right shoulder sprain 7. Lumbar spine myofasciitis 8. Bilateral hip pain 9. Stress/anxiety

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL LOWER EXTREMITIES:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Special Studies And Diagnostic And Treatment Considerations Page(s): 303-30.

Decision rationale: As per CA MTUS guidelines, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment 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." As per ODG, EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case, this patient was diagnosed with chronic lumbar pain with radiculopathy. On physical exam, there is documentation of lumbar spine tenderness, spasm, and decreased Range of Motion (ROM); however, there is no documentation of neurological deficits such as decreased reflexes, diminished sensation, or weakness in bilateral lower extremities. Thus, the medical necessity has not been established and the request is not medically necessary and appropriate.

NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: As per CA MTUS guidelines, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment 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 this case, this patient was diagnosed with chronic lumbar pain with radiculopathy. On physical exam, there is documentation of lumbar spine tenderness, spasm, and decreased Range of Motion (ROM); however, there is no documentation of neurological deficits such as decreased reflexes, diminished sensation, or weakness in bilateral lower extremities. Additionally, as per ODG, "there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." Thus, the medical necessity has not been established and the request is not medically necessary and appropriate.

AQUATIC THERAPY FOR THE CERVICAL SPINE, LUMBAR SPINE, RIGHT SHOULDER AND LEFT KNEE (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: As per CA MTUS Guidelines, "aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." In this case, there is documentation of this patient being treated with aqua therapy that resulted in increase in ROM and functional capacity; however, the number of previous treatment is unknown. The guidelines recommend 9-10 visits for myalgia/myositis and 8-10 visits for neuralgia, neuritis, and radiculitis. Thus, the request for 12 sessions of aquatic therapy exceeds the guidelines recommendation. Although this patient is morbidly obese but there is no indication why this patient is not able to participate in a land-based physical therapy program. Also, there are no functional deficits submitted for review to warrant the need for any rehabilitation therapy. Thus, the request is is not medically necessary and appropriate.

ONE INTERNAL MEDICINE CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension diagnosis and treatment. Institute for Clinical Systems Improvement; 2012 Nov. page 67

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 2nd Edition (2004), Chapter 7 - Independent Medical Examinations And Consultations , page 503.

Decision rationale: As per CA MTUS guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the provider has requested internal medicine consultation regarding his elevated blood pressure which was recorded as 143/86. However, there is documentation that she was seen by internal medicine previously and there is no clinical rationable submitted to warrant a second internal medicine consultation. Hence, the request for one internal medicine consultation is is not medically necessary and appropriate.