

Case Number:	CM13-0070975		
Date Assigned:	01/08/2014	Date of Injury:	07/07/2013
Decision Date:	04/30/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/26/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 47-year-old female who reported an injury on 07/07/2013. The mechanism of injury was not stated. The patient is currently diagnosed with cervical myospasm, cervical pain, cervical radiculopathy, cervical sprain, and rule out cervical disc protrusion, lumbar muscle spasm, lumbar pain, lumbar radiculopathy, lumbar sprain, and rule out lumbar disc protrusion. The patient was seen by [REDACTED] on 10/16/2013. The patient reported moderate pain to the cervical and lumbar spine, as well as stiffness and weakness. Physical examination on that date revealed decreased and painful range of motion of the cervical and lumbar spine, 3+ tenderness to palpation, limited range of motion, palpable muscle spasm, positive shoulder depression testing, positive Kemp's testing bilaterally, and positive straight leg rising on the left. Treatment recommendations at that time included chiropractic therapy, physical therapy, an x-ray of the cervical spine, home exercises, an MRI of the cervical spine, an MRI of the thoracic and lumbar spine, and an EMG of bilateral upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH A PODIATRIST AND PHARMACOLOGICAL MANAGEMENT AS APPROPRIAT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 362.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there was no comprehensive physical examination of bilateral lower extremities. There is no documentation of a significant musculoskeletal or neurological deficit with regard to bilateral feet. The medical necessity for the requested consultation has not been established. Therefore, the request is non-certified.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 304.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state, if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. As per the documentation submitted, the patient demonstrated decreased range of motion, positive straight leg rising, positive Kemp's testing, 3+ tenderness to palpation, and paravertebral muscle spasm. However, there is no evidence of an attempt at conservative treatment prior to the request for an imaging study. There were no plain films obtained prior to the request for an MRI. The patient is currently pending several conservative treatment modalities. Based on the clinical information received, the request is non-certified.

PHYSICAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for myalgia and myositis includes 9 visits to 10 visits over 8 weeks. Treatment for neuralgia, neuritis, and radiculitis includes 8 visits to 10 visits over 4 weeks. As per the documentation submitted, the patient has previously participated in physical therapy to address neck and lower back complaints. However, there is no evidence of objective functional improvement as a result of the previous course of physical therapy. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.

CHIROPRACTIC SESSIONS TWO TIMES A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended if caused by a musculoskeletal condition. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. The current request for 8 sessions of chiropractic therapy exceeds guideline recommendations. The patient has also undergone chiropractic therapy in the past, without evidence of objective functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

EMG/NCV OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 weeks or 4 weeks. As per the documentation submitted the patient's physical examination of the cervical spine revealed tenderness to palpation with palpable muscle spasm and positive compression and shoulder depression testing. There is no documentation of upper extremity weakness or diminished sensation. Therefore, the medical rationale for the requested electrodiagnostic studies of bilateral upper extremities has not been provided. As such, the request is non-certified.

LINT SESSIONS X 6 (LUMBAR): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities such as massage, diathermy, cutaneous laser treatment, and TENS therapy have no proven efficacy in treating acute low back symptoms. As this modality has limited evidence to support its efficacy in treating chronic lower back complaints, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

CARDIO RESPIRATORY/AUTONOMIC FUNCTION ASSESSMENT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary Chapter, Pulmonary functions testing

Decision rationale: Official Disability Guidelines state pulmonary function testing is recommended as indicated. As per the documentation submitted, the patient has ongoing orthopedic complaints. There is no evidence of cardiac or respiratory disturbances. There is insufficient evidence of an abnormality within the cardiac or respiratory system. The medical necessity has not been established. As such, the request is non-certified.

SLEEP DISORDER BREATHING STUDY:

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, and Polysomnography

Decision rationale: Official Disability Guidelines state polysomnogram/sleep studies are recommended for the combination of indications including excessive daytime somnolence, cataplexy, morning headache, personality changes, sleep related breathing disorder and insomnia complaints for at least 6 months. As per the documentation submitted, the patient does not meet any of the above mentioned criteria as outlined by the Official Disability Guidelines. As such, the request is non - certified.

CONSULTATION WITH A GENERAL SURGEON (MEDICATIONS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient is currently being treated for chronic cervical and lumbar spine complaints. The patient is currently pending several conservative

treatment modalities. The medical necessity for a surgical consultation with pharmacological management has not been established. Therefore, the request is non-certified.