

Case Number:	CM14-0009498		
Date Assigned:	02/14/2014	Date of Injury:	11/06/2013
Decision Date:	06/26/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/23/2014

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 & 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 30-year-old female with date of injury November 06, 2013. According to the treating physician's report dated December 16, 2013, the patients diagnoses includes cervical spine sprain/strain C6 radiculopathy; thoracic spine, lumbar spine sprain/strain with L5 radiculopathy; bilateral shoulder impingement syndrome; and knee internal derangement. Medications include Motrin, Dendracin cream, Ultram, and Soma. Examination showed antalgic gait, restricted range of motion, muscle spasms. The patient denies numbness, tingling, weakness, edema ecchymosis, bowel and bladder incontinence, or saddle anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: The patient presents with persistent low back pain following fall injury. The patient has completed what appears to be 6 sessions of physical therapy without much improvement. The treater has asked for MRI of the lumbar spine. However, review of the reports shows that the patient only has low back pain with no significant radiating symptoms to lower extremities. The request is dated December 16, 2013, about 6 weeks following the initial injury. The ACOEM Guidelines do not recommend specialized studies unless there is an unequivocal objective finding that identifies specific nerve compromise in neurologic examination and further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study such as EMG. The Official Disability Guidelines do not support an MRI for uncomplicated low back pain unless radiculopathy is present and after at least 1 month of conservative treatment. In this case, there had been no electromyogram (EMG)/H-reflexes studies were done, and no evidence of radiculopathy or any pain down the lower extremities. Therefore the request is not medically necessary.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-80. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), Neck and Upper Back Complaints

Decision rationale: The patient presents with persistent neck pain at a significantly high level despite some physical therapy. The patient's pain started after a fall injury. A review of the reports shows that the patient has no radiating symptoms into the upper extremities in any of the reports reviewed. The patient has not improved with short course of physical therapy. For an MRI of the cervical spine, the ACOEM Guidelines require emergence of a red flag, physiologic evidence of tissue insult, and neurologic dysfunction and failure to progress strengthening program intended to avoid surgery. The Official Disability Guidelines also require neurologic signs or symptoms in chronic neck pain when radiographs are negative. In this case, there is no evidence of neurologic signs or symptoms with normal examination and no radiating symptoms in the upper extremities. There is no evidence of tissue insult or neurologic dysfunction. It also has been less than 2 months since the initial injury. Therefore the request is not medically necessary.

EMG OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: The request is for an EMG of the upper extremities for this patient who presents with persistent neck pain without radicular or radiating symptoms of the upper extremities. The ACOEM Guidelines support appropriate electrodiagnostic studies to help differentiate carpal tunnel syndrome (CTS) and other conditions such as cervical radiculopathy. However, in this patient, there are no radiating symptoms into the upper extremities, and there is no concern for any radicular symptoms or radiculopathy or peripheral neuropathies. The treating physician does not explain why electrodiagnostic studies are required. There is no support from guidelines for electrodiagnostic studies in this situation. Therefore the request is not medically necessary.

NCV OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: The request is for an NCV study of the upper extremities for this patient who presents with persistent neck pain without radicular or radiating symptoms of the upper extremities. The ACOEM Guidelines support appropriate electrodiagnostic studies to help differentiate carpal tunnel syndrome (CTS) and other conditions such as cervical radiculopathy. However, in this patient, there are no radiating symptoms into the upper extremities, and there is no concern for any radicular symptoms or radiculopathy or peripheral neuropathies. The treating physician does not explain why electrodiagnostic studies are required. There is no support from guidelines for electrodiagnostic studies in this situation. Therefore the request is not medically necessary.

EMG OF THE BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG, Low Back

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

Decision rationale: The patient presents with persistent low back pain. The request is for EMG of the bilateral lower extremities. The ACOEM Guidelines state that electromyography, including H-reflex test, may be helpful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. This patient has persistent low back pain that has lasted more than 3 to 4 weeks and EMG including H-reflex test may be appropriate. Therefore the request is medically necessary.

NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

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

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

Decision rationale: The patient presents with persistent low back pain. The request is for nerve conduction studies of the bilateral lower extremities. While ACOEM Guidelines support EMG with H-reflex, nerve conduction studies are not supported according to the Official Disability Guidelines due to lack of any radiating symptoms of the lower extremities. Guidelines state that NCV studies are not recommended. There is minimal justification for performing nerve conduction studies when patient is presumed to have symptoms on the basis of radiculopathy. In this patient, given the lack of any radiating symptoms of the lower extremities, there is no concern for peripheral neuropathies, focal neuropathies, or even radiculopathies. Therefore the request is not medically necessary.

PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE LUMBAR AND CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 114. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

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

Decision rationale: The patient presents with persistent neck and low back pain since fall injury. The request is for 12 additional physical therapy sessions. A review of the reports shows that the patient has had some physical therapy, but the reports do not indicate the patient has responded to physical therapy without significant improvement. The California MTUS Guidelines support physical therapy but recommends up to 9 to 10 sessions for myalgia, myositis, the kind of the condition this patient is suffering from. The request of 12 sessions exceeds what is allowed by MTUS Guidelines. Furthermore, initial trial of physical therapy had not demonstrated to be of much benefit. MTUS Guidelines require that the treating physician provide monitoring of the patient, and make appropriate treatment recommendations depending on patient's response to treatments. In this case, the patient has not responded to physical therapy, and other treatment modalities should be attempted. Therefore the request is not medically necessary.