

Case Number:	CM14-0110755		
Date Assigned:	09/16/2014	Date of Injury:	01/19/2011
Decision Date:	11/14/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/15/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 60 year old female with an injury date of 01/19/11. Per the 01/23/14 report by [REDACTED], the patient presents with moderate-severe back pain that is persistent and changing in character. Location of pain is described as lower back, gluteal area and right shoulder with radiation to the left knee. Pain is described as discomfort, numbness, piercing and throbbing. The patient denies relieving factors and she is working. On palpation of the lumbar spine there is maximum tenderness in the lumbar and paraspinal with mild lumbar spasm. Examination further shows pain to palpation to the left buttock and SI Joint with Straight Leg Raise positive right and left. The patient's diagnoses include: Neck pain, Thoracic sprain, pain, knee, carpal tunnel syndrome, neck sprain, pain in joint involving shoulder region, psychosexual dysfunction, chronic pain due to trauma, COAT, lower back pain, Myalgia/myositis, Insomnia due to medical condition classified elsewhere and pain in joint involving upper arm. The utilization review being challenged is dated 07/03/14. The rationale regarding X-rays of the lumbar spine and hips is that prior X-rays were obtained in addition to MRIs of the lumbar spine and an additional X-ray would not add to the diagnosis or treatment plan. Reports were provided from 01/23/14 to 07/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV to bilateral upper extremities and left lower extremity: Upheld

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

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

Decision rationale: The patient presents with moderate to severe lower back, gluteal and right shoulder pain radiating to the left knee. The provider requests for EMG/NCV to bilateral upper extremities and left lower extremity. ODG guidelines Pain Chapter, Electrodiagnostic testing topic, states regarding CTS that NCS is recommended for clinical signs of CTS who may be candidates for surgery, but EMG is not generally necessary. ODG further states, "In the Low Back Chapter and Neck Chapter, it says NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The reports provided, other than psychological evaluations, include only the 04/16/14 supplemental report by [REDACTED] which reviews prior medical and diagnostic reports without examination; the 01/23/14 report by [REDACTED] and the 04/24/14 Agreed Medical Re-Evaluation by [REDACTED]. This last and most recent report states that Tinel's and Phalen's are positive over both wrists and sensation to pinprick is intact in both lower extremities. No request for authorization was received. None of the above listed reports discuss the request or indicate prior EMGs. The 07/03/14 utilization review mentions 2 prior EMGs showing bilateral carpal tunnel syndrome. In this case, there is no discussion in the provider's reports provided for the reason for the request. No prior EMG studies were provided or discussed. Lacking clear documentation to support the request, therefore, this request is not medically necessary.

Aquatic therapy, two to three sessions per week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy, Physical Medicine Page(s): 22,98,99.

Decision rationale: The patient presents with moderate to severe lower back, gluteal and right shoulder pain radiating to the left knee. The provider requests for Aquatic therapy two to three sessions per week for 4 weeks. MTUS page 22 states that, "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". Furthermore, MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visit are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. In the reports provided the only discussion of this request is in the 01/23/14 report by [REDACTED] that states, "The aqua therapy was denied on the basis that she could participate in land based therapy." The 07/03/14 utilization review mentions extensive prior therapy, but it is unknown if any therapy was aqua therapy. In this case, there is no discussion of obesity or the

reasons why land based therapy are not sufficient. The 04/24/24 AME states the patient is 5'1/2" and 150 pounds. No prior treatment records were provided to show functional improvement and no objective measures are discussed as a goal of the patient's therapy. Furthermore, the up to 12 sessions requested exceeds what is allowed by MTUS. Therefore, this request is not medically necessary.

X-rays of the lumbar spine and hips: Upheld

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

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

Decision rationale: The patient presents with moderate to severe lower back, gluteal and right shoulder pain radiating to the left knee. The provider requests for X-rays of the lumbar spine and hips. ODG Low Back Chapter Radiography topic provides the following indications for imaging of the lumbar spine: Lumbar spine trauma (a serious bodily injury): pain, tenderness - Lumbar spine trauma: trauma, neurological deficit - Lumbar spine trauma: seat belt (chance) fracture - Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70 - Uncomplicated low back pain, suspicion of cancer, infection - Myelopathy (neurological deficit related to the spinal cord), traumatic - Myelopathy, painful - Myelopathy, sudden onset - Myelopathy, infectious disease patient- Myelopathy, oncology patient - Post-surgery: evaluate status of fusion. ODG states that X-Rays of hip and pelvis are "Recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury" to rule-out fractures. The 04/16/14 report by [REDACTED] discusses the plain film radiograph of the patient's lumbosacral spine of 06/05/08 and states, "I see no evidence of any paravertebral soft tissue swelling. There is certainly no evidence of a compression deformity of the lumbosacral spine of the visualized portions of the lower thoracic spine." The reports provided do not discuss the reason for the requested X-ray of the lumbar spine and no radiographs or imaging reports are provided. There is no discussion of a new injury or a change of condition to indicate the need for X-rays of the lumbar spine. The provider does not explain why X-rays are needed for the hip. The provider does not document any recent new injuries to suspect a fracture. Therefore, this request is not medically necessary.