

Case Number:	CM14-0113983		
Date Assigned:	09/16/2014	Date of Injury:	02/16/2012
Decision Date:	10/16/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/18/2014

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 is licensed to practice in Illinois. 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 injured worker is a 41-year-old male who reported an injury on 02/16/2002 while lifting a 200 pound oven tray with a helper and the coworker slipped and the tray landed on the injured worker's right knee. He felt pain in his back and his knee popped. The injured worker complained of right knee pain and weakness along with right shoulder pain. The diagnoses included neck pain, herniation/rupture to the vertebra disc with radiculopathy, a tear to the medial cartilage meniscus of the knee, sprain/strain of the knee or leg, right shoulder sprain/strain, impingement syndrome of the shoulder, and shoulder cuff tear. An MRI of the right knee dated 05/17//2013 revealed a grade 2 signal at the lateral meniscus and a grade 1 at the medial meniscus; there was evidence of a popliteal fluid collection seen posteriorly. The past treatment plan included physical therapy. The objective findings to the right knee dated 07/02/2014 were not evaluated. The right shoulder had a flexion of 120 degrees with pain, and extension of 55 degrees, positive impingement sign, and a weak examination of 3/5. The physical examination of the lumbar spine on the same date revealed a range of motion with flexion at 80 degrees and extension at 10 degrees. The treatment plan included transforaminal lumbar ESI, upper and lower extremity EMG, lumbar support brace, and acupuncture 2 times 3 to the lumbar spine. The Request for Authorization dated 09/16/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar ESI L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The request for a transforaminal lumbar ESI L5-S1 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain. Most guidelines recommend no more than 2 epidural steroid injections. It is in contraindication of previous generally cited recommendations for a series of 3 ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that on average, less than 2 injections are required for a successful ESI outcome. Recommendations suggest a second epidural steroid injection if partial success is produced with the first injection and a third injection is rarely recommended. Epidural steroid injections can offer short term pain relief and use should be in conjunction with a rehab efforts, including continuing a home exercise program. There is little information on provided function. The documentation did not indicate that the physical findings supported the need for an epidural steroid injection. The clinical notes did not indicate that the injured worker was initially unresponsive to conservative treatment. The epidural steroid injection should be performed using the fluoroscopy for guidance. As such, the request is not medically necessary.

EMG upper/lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Also MTUS ACOEM Low Back Chapter, . Official Disability Guidelines - Low Back Chapter Electromyography section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 277-279, 303-305.

Decision rationale: The request for an EMG for the upper/lower extremities is not medically necessary. The California MTUS/ACOEM Guidelines indicate that physiologic evidence may be in the form of definitive neurological findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging testing if symptoms persist. When the neurological examination is less clear, however, further electrophysiologic evidence of nerve dysfunction can be obtained by ordering an imaging study. Electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms (or both) lasting more than 3 or 4 weeks. For the lower extremities, electromyography (including the H reflex test) may be used to identify subtle, focal neurological dysfunction in patients with lower back symptoms lasting more than 3 or 4 weeks. Discography is not recommended for assisting patients with acute lower back symptoms. The injured worker initially had hurt his right knee.

The physical assessment of the upper and lower extremities did not indicate neurological deficits to warrant an electromyogram. As such, the request is not medically necessary.

Lumbar support brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The request for a lumbar support brace is not medically necessary. The California MTUS/ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. As such, the request is not medically necessary.

Acupuncture 2 x 3 LS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 2 times 3 for the LS is not medically necessary. The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, and must be used in conjunction with physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed with 3 to 6 treatments with a frequency of 1 to 3 times a week and an optimum duration of 1 to 2 months. The clinical notes did not indicate that the injured worker had not tolerated or reduced pain medication and also did not indicate the injured worker was in conjunction with a physical rehabilitation or surgical intervention. As such, the request is not medically necessary.