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| Case Number: | CM14-0132424 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 09/02/2003 |
| Decision Date: | 12/31/2014 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 08/19/2014 |

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 Family Medicine 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 is a 53 female year old patient who sustained a work related injury on 5/14/01 Patient sustained the injury due to cumulative trauma. The current diagnoses include right cervical radiculopathy, status post cervical fusion, chronic neck pain, headache secondary to neck pain, depression and insomnia secondary to chronic pain, and bilateral shoulder chronic pain. Per the doctor's note dated 7/2/14, patient has complaints of neck pain that was radiating to bilateral shoulder at 8/10 and low back pain that was radiating to gluteal region. Physical examination of the low back revealed muscle spasm, tenderness on palpation, decreased sensation in right L5 dermatome and antalgic gait. Physical examination of the neck revealed muscle spasm, tenderness on palpation, limited range of motion. The current medication lists include Lidoderm patch, Flector patch, Ultram, Skelaxin, Omeprazole and Tizanidine The patient has had EMG/NCS of the bilateral upper extremities on 10/1/13 that was normal; MRI of cervical spine that revealed spondylolisthesis at C5-6 with associated mild broad based left paracentral disc protrusion causing mild central canal stenosis and mild left foraminal narrowing; MRI of the right and left shoulder on 7/18/2001 that revealed supraspinatus tendinosis. Diagnostic imaging reports were not specified in the records provided. The patient's surgical history includes cervical fusion C4-5 and C5-6 on 12/9/2006. She had received a left AC joint steroid injection on 11/6/11. Any operative/ or procedure note was not specified in the records provided. The patient has received an unspecified number of the PT and aquatic therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per the ACOEM low back guidelines cited below "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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. 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 (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." Patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided. The medical necessity of the MRI of the lumbar spine is not fully established for this patient. Therefore this request is not medically necessary.

Electromyography (EMG) and nerve conduction studies of bilateral lower extremities:
Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may

help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Per the doctor's note dated 7/2/14, patient has complaints low back pain that was radiating to gluteal region at 8/10 and physical examination of the low back revealed muscle spasm, tenderness on palpation, decreased sensation in right L5 dermatome and antalgic gait. There is evidence of significant neurological / radicular signs or symptoms in the lower extremity. The Electromyography (EMG) and nerve conduction studies of bilateral lower extremities are medically necessary.

Right greater Trochanter Bursal injection with steroid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES, HIP & PELVIS: TROCHANTERIC BURSTITIS INJECTIONS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (updated 10/09/14) Trochanteric bursitis injections

Decision rationale: As per cited guideline "Trochanteric bursitis injections: Recommended. Gluteus medius tendinosis/tears and trochanteric bursitis/pain are symptoms that are often related." Any evidence of Gluteus medius tendinosis/tears and trochanteric bursitis/pain was not specified in the records provided. The rationale for Right greater Trochanter Bursal injection with steroid was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Right greater Trochanter Bursal injection with steroid is not fully established in this patient. Therefore this request is not medically necessary.

Additional Physical Therapy of 8-12 sessions for neck and low back: 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 Physical therapy Page(s): 98.

Decision rationale: The guidelines cited below state, " allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine". Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous

PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for additional Physical Therapy of 8-12 sessions for neck and low back is not fully established for this patient. Therefore this request is not medically necessary.