

<b>Case Number:</b>	CM14-0150044		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/16/2003
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 and 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 57-year-old female who reported injuries due to a fall after twisting her right ankle and foot while stepping off of a curb, landing on her right knee on 07/16/2003. On 07/14/2014, her diagnoses included thoracic strain, lumbar strain, and right foot strain. Her complaints included right wrist/hand, neck, upper back and lower back, left wrist/hand, right knee/leg, and right ankle/foot pain. It was noted that her previous diagnostic testing included X-rays, MRIs, lower extremity electrodiagnostic studies, and lower extremity electromyogram. She was provided with "physical modalities and prescription medications" as treatments for her injuries. She denied receiving either injections or surgeries as a result of her injuries. From 2003 to 2013, this injured worker stated that her preexisting neck, upper back, lower back, hand and wrist, ankle and foot, head, and chest problems became 50% to 90% worse as a result of repetitive work activities. She further noted that in 2011, her sleep and anxiety/depression problems became 40% to 60% worse. She reported numbness to both hands and feet, and tingling to both hands and the right foot. She stated that her neck pain radiated to the lower back, occurring 70% of the time, and interfered with her ability to bend at the neck, carry, lift, push, pull, or reach above her shoulders. It was noted that she had cervical X-rays 3 months prior to this examination and an MRI of the neck 1 year prior. Her upper back pain radiated to her right fingers and occurred 75% of the time. X-rays and MRI were performed as noted above. Her lower back pain was nonradiating and occurred 60% of the time. X-rays and MRI were performed as noted above. Her right wrist and hand pain occurred 100% of the time, with X-rays and MRI as noted above. Her left wrist and hand pain occurred 60% of the time, with X-rays and MRI as noted above. Her right knee/leg and ankle/foot pain occurred 50% of time, with X-rays and MRIs as noted above. Her range of motion for the head and neck was full, but slow in all planes. Her upper extremity ranges of motion were normal in all major joints. Her ranges

of motion at the waist were within normal limits in all planes, as were her lower extremities. Her medications included naproxen 500 mg and Prilosec of an unspecified dose. It was noted that "if any recommended testing or consultation had already been performed, then please consider this request for authorization to repeat any testing and/or consultation for which reports are not provided by the applicant's next visit". There was no documentation submitted of any visits subsequent to 07/14/2014. There was no rationale or Request for Authorization included in this worker's chart.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Aquatherapy evaluation and treat: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** The request for Aquatherapy evaluation and treat is not medically necessary. The California MTUS Guidelines note that aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. It was noted that this injured worker is 5 feet 6 inches tall, and weighs 180 pounds. Her calculated BMI of 29 places her in the overweight, not extreme obese category. The guidelines do not support this request. Therefore, this request for Aquatherapy evaluation and treat is not medically necessary.

#### **MRI thoracic spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper back, MRIs (magnetic resonance imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 182.

**Decision rationale:** The request for MRI thoracic spine is not medically necessary. The California MTUS/ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of back pain and related symptoms carries a significant risk of diagnostic confusion, including false positive test results, because of the possibility of identifying a finding that was present before symptoms began, and therefore has no temporal association with the symptoms. False positive results have been found in up to 50% of those over age 40. MRIs are recommended for acute neck and upper back conditions when red flags for fracture or neurological deficit associated with acute trauma, tumor, or infection are present. There were no red flags identified for this injured worker. Additionally, the submitted documentation revealed

that MRIs were obtained 1 year prior to the examination of 07/14/2014. The results of those examinations were not available for review. The need for a repeat MRI was not clearly demonstrated in the submitted documentation. Therefore, this request for MRI thoracic spine is not medically necessary.

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, MRIs (magnetic resonance imaging)

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

**Decision rationale:** The request for MRI lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of back pain and related symptoms carries a significant risk of diagnostic confusion, including false positive test results, because of the possibility of identifying a finding that was present before symptoms began, and therefore has no temporal association with the symptoms. False positive results have been found in up to 50% of those over age 40. Magnetic resonance imaging is specifically not recommended for lumbosacral strain. It is recommended for disc protrusion. Additionally, the submitted documentation revealed that MRIs were obtained 1 year prior to the examination of 07/14/2014. The results of those examinations were not available for review. The need for a repeat MRI was not clearly demonstrated in the submitted documentation. Therefore, this request for MRI lumbar spine is not medically necessary.

**Electrodiagnostic studies, lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, EMGs (electromyography) and nerve conduction studies (NCS) sections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 710-711.

**Decision rationale:** The request for electrodiagnostic studies, lower extremities is not medically necessary. The California ACOEM Guidelines note that electrodiagnostic studies are not recommended for patients with acute, subacute, or chronic back pain who do not have significant lower extremity pain or numbness. It was noted in the submitted documentation that this worker's lower back pain was nonradiating. It was described as sharp, but there were no objective quantifiable measures of her pain. It was further noted that she had previous lower extremity electrodiagnostic studies which were not available for review. The need for repeat electrodiagnostic studies was not clearly demonstrated in the submitted documentation. Therefore, this request for electrodiagnostic studies, lower extremities is not medically necessary.

**Digital electronic range of motion testing: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter, Flexibility and Aetna Policy (<http://www.aetna.com/cpb/medical/data/300.399/0357.html>)

**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 - Lumbar & Thoracic, Flexibility

**Decision rationale:** The request for digital electronic range of motion testing is not medically necessary. The Official Disability Guidelines do not recommend computerized muscle testing as a primary criteria that should be part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. The guidelines further state that an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical, and inexpensive way. They do not recommend computerized measures of lumbar spine range of motion, which can be done with inclinometers, and where the resulting range of motion values are of unclear therapeutic value. The guidelines do not support this request. Furthermore, the body part or parts to have been tested were not specified. Therefore, this request for digital electronic range of motion testing is not medically necessary.

**Digital electronic myometry: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter, Flexibility and Aetna Policy (<http://www.aetna.com/cpb/medical/data/300.399/0357.html>)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Computerized muscle testing

**Decision rationale:** The request for digital electronic myometry is not medically necessary. The Official Disability Guidelines note that computerized muscle testing is not recommended. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison of 1 side to the other, and there is no useful application of such a potentially sensitive computerized test. Deficit definition is quite adequate with usual exercise equipment. This would be an unneeded test. The guidelines do not support this request. Additionally, the body part or parts to have been tested were not specified. Therefore, this request for digital electronic myometry is not medically necessary.

**Computerized sensory testing: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter, Flexibility and Aetna Policy (<http://www.aetna.com/cpb/medical/data/300.399/0357.html>)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Evoked potential studies

**Decision rationale:** The request for computerized sensory testing is not medically necessary. The Official Disability Guidelines recommend computerized sensory testing for unexplained myelopathy and/or in unconscious spinal cord injury patients. It is not recommended for radiculopathies and peripheral nerve lesions, where standard nerve conduction velocity studies can be diagnostic. This injured worker is not comatose, nor does he have a spinal cord injury. The guidelines do not support this request. Furthermore, the body part or parts to have been tested were not specified. Therefore, this request for computerized sensory testing is not medically necessary.

**X-rays of the thoracic spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** The request for x-rays of the thoracic spine is not medically necessary. The California ACOEM Guidelines note that x-rays are recommended for acute neck and upper back conditions when red flags for fracture or neurological deficit associated with acute trauma, tumor, or infection are present. There were no red flags identified in the submitted documents. Furthermore, it was noted that X-rays of the upper back were taken 3 months prior to the examination of 07/14/2014. The results were not available for review. The need for repeat thoracic X-rays was not clearly demonstrated in the submitted documentation. Therefore, this request for X-rays of the thoracic spine is not medically necessary.

**Neurology consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations , page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** The request for neurology consultation is not medically necessary. The California ACOEM Guidelines note that a focused medical history, work history, and physical

examination generally are sufficient to assess the patient who complains of an apparently job related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions, known as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care. There was no evidence in the submitted documentation that this injured worker had any neurological red flags. The need for a neurology consultation was not clearly demonstrated in the submitted documentation. Therefore, this request for a neurology consultation is not medically necessary.

**Sleep study consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations , page 127

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

**Decision rationale:** The request for sleep study consultation is not medically necessary. The Official Disability Guidelines recommend polysomnography after 6 months of an insomnia complaint, at least 4 nights per week, unresponsive to behavioral intervention and sedatives/sleep promoting medications, and after psychiatric etiology has been excluded. It is not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The submitted documents noted that this worker suffered sleep residuals as a result of the consequences of her injuries. There were no further details submitted for review regarding quality of sleep, length of sleep, initiation of sleep, or lack of ability to function due to sleep disturbances. The need for a sleep study consultation was not clearly demonstrated in the submitted documentation. Therefore, this request for a sleep study consultation is not medically necessary.

**Internal Medicine consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations , page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 77-89.

**Decision rationale:** The request for an Internal Medicine consultation is not medically necessary. The California ACOEM Guidelines note that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment, and adheres to a conservative evidence based treatment approach that limits excessive

physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery, as well as provide expert medical recommendations. The submitted documentation spoke to this worker's pain in various body parts, related to her original injury and subsequent repetitive motion. The need for an Internal Medicine consultation was not clearly demonstrated in the submitted documentation. Therefore, this request for an Internal Medicine consultation is not medically necessary.

**X-rays of the lumbar spine:** 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 Page(s): 303-305.

**Decision rationale:** The request for X-rays of the lumbar spine is not medically necessary. The California ACOEM Guidelines note that lumbar spine X-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. There was no documentation that this worker had any red flags or serious spinal pathology. Additionally, it was noted that X-rays of the lower back were performed 3 months prior to the examination of 07/14/2014, the results of which were unavailable for review. The need for repeat X-rays of the lumbar spine was not clearly demonstrated in the submitted documentation. Therefore, this request for X-rays of the lumbar spine is not medically necessary.

**X-rays of the pelvis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis chapter, X-rays

**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, X-Ray

**Decision rationale:** The request for X-rays of the pelvis is not medically necessary. The Official Disability Guidelines do recommend plain radiographs of the pelvis, which should be obtained in patients sustaining a severe injury. X-rays are also valuable for identifying patients with high risk in the development of hip osteoarthritis. There was no evidence in the submitted documentation of severe injury or developing osteoarthritis in the hip of this injured worker. She had no complaints of hip pain. The need for X-rays of the pelvis was not clearly demonstrated in the submitted documentation. Therefore, this request for X-rays of the pelvis is not medically necessary.

**X-rays of the right foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**Decision rationale:** The request for X-rays of the right foot is not medically necessary. The California ACOEM Guidelines note that disorders of soft tissue, such as tendinitis, metatarsalgia, fasciitis, and neuroma, yield negative radiographs and do not warrant other studies. This worker's diagnoses included strain of the right foot. Additionally, it was noted that she had X-rays of her right foot 3 months prior to the examination of 07/14/2014, the results of which were not available for review. The need for additional X-rays of the right foot was not clearly demonstrated in the submitted documentation. Therefore, this request for X-rays of the right foot is not medically necessary.