MAXIMUS Federal Services

Case Number:	CM14-0163043		
Date Assigned:	11/04/2014	Date of Injury:	03/22/2011
Decision Date:	12/09/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/03/2014

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, 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:

The patient is a 62 YO female with date of injury of 03/22/2011. The listed diagnosis per [redacted] from 10/14/2014 are: 1. Multilevel Lumbar Disc Disease, 2. Status Post L5-S1 Discectomy/ Posterior Fusion from 2012, 3. Bilateral Knee Pain, 4. Status Post Right Knee Partial Replacement from 05/12/2014, 5. Varicose Veins. According to this report, the patient complains of post-op cramping in the right calf/thigh. Baker's cyst was noted on the right. Right knee with posterior swelling. The patient reports flare-up of low back pain. She underwent a lumbar epidural steroid injection on 10/08/2014 with some relief. She complains of difficulty walking even with a cane. The patient reports that she almost fell three times due to weakness in the right leg. She had completed 24 sessions of physical therapy. The examination shows the patient uses a case on the left hand. Right knee range of motion is 0 to 95. Equivocal right L5-S1 sensory deficit. No other findings were reported. The documents include progress reports from 07/09/2014 to 10/14/2014. The utilization review denied the request on 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMB/NCV 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 Official Disability Guidelines

(ODG) Treatment in Workers Compensation (TWC) Low Back Procedure Summary updated 08/22/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter chapter on EMG and NCV

Decision rationale: The patient presents with right knee pain. The patient is status post right knee partial replacement from 05/12/2014 and lumbar epidural steroid injection from 10/08/2014. The treater is requesting EMG/NCV OF THE BILATERAL LOWER EXTREMITIES. The ACOEM Guidelines page 303 states that electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury. The 08/05/2014 report shows that the patient is undergoing physical therapy and still copes with fair amount of post-op pain. Pain on the medial side of the knee is persistent. She reports sciatic pain radiating to both legs. The left foot has been numb at times and cold. The 10/14/2014 report notes post-op cramping in the right calf/thigh. She reports almost falling three times due to weakness in the right leg. The treater is requesting an EMG/NCV to "rule out radiculopathy." Given the patient's clinical presentation, request is reasonable. The patient"s foot/leg symptoms may be neuropathy for which NCV studies are needed. Recommendation is for authorization.

Physical therapy, quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC) Low Back Procedure Summary updated 08/22/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Guidelines, knee arthroscopy Page(s): 24-25.

Decision rationale: The patient presents with right knee pain. The patient is status post right knee partial replacement from 05/12/2014 and lumbar epidural steroid injection from 10/08/2014. The treater is requesting PHYSICAL THERAPY QUANTITY 6. The MTUS Post-Surgical Guidelines page 24 and 25 for knee arthroscopy recommends 24 visits over 10 weeks. The records do not show any physical therapy reports to verify how many treatments the patient has received and with what results. The 07/09/2014 report notes that the patient is undergoing physical therapy. She reports that her pain level is still elevated and that she takes Percocet 10/325 for the pain. Patellar swelling and slight swelling at the right ankle was noted. Range of motion is 25% of normal. The 10/04/2014 report shows that the patient complains of post-

operative cramping and right knee swelling. She has completed 24 sessions of physical therapy and the treater is requesting 6 additional visits. The treater does not explain why additional sessions are needed. While the patient continues to complain of post-operative pain, the requested additional 6 sessions when combined with the previous 24 that she received would exceed MTUS guidelines. The patient should now be able to start a self-directed home exercise program to improve strength and range of motion. Recommendation is for denial.

Zanaflex 4mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC) Low Back Procedure Summary updated 09/10/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tizanidine Page(s): 63-66.

Decision rationale: The patient presents with right knee pain. The patient is status post right knee partial replacement from 05/12/2014 and lumbar epidural steroid injection from 10/08/2014. The treater is requesting ZANAFLEX 4MG QUANTITY 90. The MTUS Guidelines page 63 to 66 states, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha-2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled for low back pain... demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome." The records do not show a history of Zanaflex use. The 08/05/2014 report shows that the patient is undergoing physical therapy and still copes with fair amount of post-op pain. The 10/14/2014 report notes post-op cramping in the right calf/thigh. She reports almost falling three times due to weakness in the right leg. Given the patient's persistent pain, a trial of Zanaflex is reasonable. Recommendation is for authorization.