

Case Number:	CM14-0171261		
Date Assigned:	10/28/2014	Date of Injury:	08/27/2013
Decision Date:	12/16/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/16/2014

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 64 year old female with an injury date of 08/27/13. The 08/06/14 progress report by [REDACTED] states that the patient presents with lower back pain rated 5-6/10. The previous day the patient experienced spasm in the right "glute" that lasted 1-2 minutes. The patient also presents with bilateral knee pain rated 5/10 as well as elbow and palmar hand pain. She will be provided a cane for stability. The patient has not returned to work as the employer is unable to accommodate. Examination shows range of motion of the cervical spine with full range of motion with pain on "lat" bend only. There is nearly full range of motion of the bilateral shoulder with "min snxpoinf pln behaviours" and tenderness to palpation to the medial elbows right greater than left. The provider states EMG lower extremities mild + L4 radiculopathy and EMG upper extremities positive for probable C6 neuropathy (possible C& or C5, cannot rule out diabetic neuropathy vs. acute overlay. The provider further states, "C-spine X-ray C5-C6 and C6-7 DDD and stenosis." The patient's diagnoses include: Cervical lumbar strain, Myofascial pain and bilateral shoulder, wrist strains, knee pain. Medications listed as of 08/06/14 are Acetaminophen. The utilization review being challenged is dated 10/02/14. Reports were provided from 03/12/14 to 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Pain Management Psychologist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004); Consultation, Chapter 7, page 127

Decision rationale: The patient presents with lower back pain rated 5-6/10 with spasm in the gluteus along with bilateral knee pain rated 5/10 and elbow and palmar hand pain. The provider requests for: Pain Management Psychologist. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 states, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." MTUS guidelines also support cognitive behavioral therapy and pain psychologist involvement to help manage chronic pain. The provider does not discuss this request in the reports provided. The Request for Authorization is not included. The reports show the patient has been treated for back pain, myofascial pain and bilateral shoulder and knee pain since before 03/12/14. The 08/06/14 treatment plan states a request is to be submitted for a second "CBT" report as they have been unable to receive a copy of the report completed 6 months previously. Previous reports show an attempt to obtain the Cognitive Behavioral Therapy report. It would appear the patient has had pain psychology evaluation and perhaps treatments. The current request is for pain psychology but the provider does not discuss the patient's psychological issues and the patient has had cognitive treatments in the past. Without knowing how the patient has done, repeat pain psychology consultation does not appear reasonable. Therefore, this request is not medically necessary.

Additional Chiropractic Sessions, #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation guidelines Page(s): 58-59.

Decision rationale: The patient presents with lower back pain rated 5-6/10 with spasm in the gluteus area along with bilateral knee pain rated 5/10 and elbow and palmar hand pain. The provider requests for Additional chiropractic sessions #6. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is recommended for chronic pain if caused by musculoskeletal conditions. For the low back it is recommended as an option. For therapeutic care - A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks is allowed. The 08/06/14 progress report by [REDACTED] states, "6 sessions chiropractic completed 7/3/14 with excellent relief of pain in low back and neck--no report rec'd. Symptoms are gradually increasing." The Request for Authorization provided is dated 05/08/14 and requests 6 sessions lumbar. The Utilization review

dated 10/02/14 reports 6 sessions were approved 05/13/14 and 6 additional sessions were approved 09/10/14. No chiropractic treatment reports are provided. In this case, the provider documents 6 completed sessions with improved pain and worsening symptoms. It appears 6 additional sessions have been authorized for the patient following the most recently provided progress report. It is not clear from the reports provided if this request is for sessions 7-12 or for sessions 13-18. In either case, lacking documentation of objective functional improvement following 6-12 sessions, therefore, this request is not medically necessary.

EMG of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

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, EMG/NCS

Decision rationale: The patient presents with lower back pain rated 5-6/10 with spasm in the gluteus area along with bilateral knee pain rated 5/10 and elbow and palmar hand pain. The provider requests for EMG of the upper extremities. ODG guidelines, EMG/NCS topic, state this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states ". 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 provider does not discuss the request in the reports provided and the Request for Authorization is not included. The 08/06/14 report by [REDACTED] states, "EMG UE positive for probable C6 neuropathy (possibly C7 or C5, cannot r/o diabetic neuropathy vs. acute overlay)." The date of this study is not mentioned as the report was not included in the file. The provider does not explain why another set of EMG is needed. There are no new injury, no new symptoms and no neurologic progression. Therefore, this request is not medically necessary.

NCS of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

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, EMG/NCS

Decision rationale: The patient presents with lower back pain rated 5-6/10 with spasm in the gluteus area along with bilateral knee pain rated 5/10 and elbow and palmar hand pain. The provider requests for NCS of the upper extremities. ODG guidelines, EMG/NCS topic, state this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, NCS are 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." Therefore, this request is not medically necessary.

MRI of the Lumbar Spine: Overturned

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

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, MRI

Decision rationale: The patient presents with lower back pain rated 5-6/10 with spasm in the gluteus area along with bilateral knee pain rated 5/10 and elbow and palmar hand pain. The provider requests for MRI of the lumbar spine. ODG guidelines state that for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment. ODG guidelines further state the following regarding MRI's, " Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)". The provider does not discuss this request and no Request for Authorization is included. The reports provided show no evidence of a prior MRI lumbar or back surgery. In this case, the patient presents with back, buttock and knee pains. No clear radicular symptoms are described. However, EMG showed L4 radiculopathy and the patient continues to be symptomatic and an MRI would be needed to r/o HNP or stenosis or other causes of the patient's symptoms. Therefore, this request is medically necessary.

MRI of the right wrist and hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist and Hand Chapter, MRI

Decision rationale: The patient presents with lower back pain rated 5-6/10 with spasm in the gluteus along with bilateral knee pain rated 5/10 and elbow and palmar hand pain. The provider requests for MRI of the right wrist and hand. ODG guidelines Wrist and Hand Chapter, MRI, states, MRI is recommended for the following indications: Chronic wrist pain, plain films normal suspect soft tissue tumor or Kienbock's disease. The provider does not discuss this request in the reports provided and the Request for Authorization is not included. No prior MRI wrist/hand or X-rays are provided or discussed. In this case, the patient is documented to have wrist problems since before 03/12/14 with continued pain and problems with paresthesias in the bilateral hands since 06/10/14. However, the provider does not explain why MRI's are being asked for. There is

no suspicion for tumor or tendon problems. Exam does not document potential ligament problems. Therefore, this request is not medically necessary.

X-Ray series of the Lumbar Spine: Overturned

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

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

Decision rationale: The patient presents with lower back pain rated 5-6/10 with spasm in the gluteus area along with bilateral knee pain rated 5/10 and elbow and palmar hand pain. The provider requests for X-ray series of the lumbar spine. 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. The provider does not discuss this request and no Request for Authorization is included. The reports provided show no evidence of a prior MRI lumbar or back surgery. In this case, the patient presents with back, buttock and knee pains. No clear radicular symptoms are described. However, EMG showed L4 radiculopathy and the patient continues to be symptomatic and an MRI would be needed to r/o HNP or stenosis or other causes of the patient's symptoms. Therefore, this request is medically necessary.

Additional Acupuncture sessions, #6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with lower back pain rated 5-6/10 with spasm in the gluteus along with bilateral knee pain rated 5/10 and elbow and palmar hand pain. The provider requests for Additional acupuncture sessions #6. MTUS recommends an initial trial of 6 sessions of acupuncture and additional treatments with functional improvement. The provider does not discuss this request and no Request for Authorization is included. The progress reports show discussion of physical therapy and chiropractic treatment but acupuncture is not discussed. Acupuncture treatment reports from 07/16/14 to 07/23/14 are provided indicating 4-5 sessions. However, there is no documented objective functional improvement in the patient. The 6 sessions requested combined with the 4-5 already received exceed what is allowed for initial trial by MTUS. If the request is for additional treatment following a trial, evidence of functional improvement must be provided. Therefore, this request is not medically necessary.

