

Case Number:	CM14-0020752		
Date Assigned:	05/02/2014	Date of Injury:	06/21/2013
Decision Date:	08/11/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational 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 35-year-old male patient, with a 6/21/13 date of injury. He injured himself due to MVA. A progress report dated on 2/28/14 indicated that the patient complained of constant severe dull, achy, and sharp pain in the lumbar spine, that aggravated by sitting, standing, walking, bending, kneeling, and squatting. He also reported of dull, achy and sharp pain in his right knee, aggravated by standing. The patient stated that he had left knee dull, achy and sharp pain and stiffness associated with standing, walking and squatting. Objective findings revealed trigger points presented at the lumbar spine. There was restricted and painful range of motion in the lumbar spine, and tenderness and spasm of the lumbar paravertebral muscles. There was painful range of motion of the right knee and 3+ tenderness of the all aspects of right knee. He was diagnosed with Lumbar disk protrusion, Lumbar myospasm, Lumbar radiculopathy, Lumbar sprain, Right knee sprain, Left knee medial meniscus tear, and Left knee sprain. MRI of the lumbar spine dated on 2/17/14 demonstrated L2-L3 central focal disc protrusion, mildly narrows the lateral recesses bilaterally, and L3-L4 paracentral disk protrusion. MRI of the left knee dated on the 2/12/14 demonstrated medial meniscal tear, posterior horn, and LCL sprain. MRI of the right knee dated on 2/4/14 demonstrated LCL sprain, and thickening and synovialization of the suprapatellar plica. Treatment to date: medication management and acupuncture treatment. There is documentation of a previous 2/27/14 adverse determination; based on the fact that the patient did not have low back pain despite treatment, requests for lower extremity EMG and NCV was not certified. The patient did not have special conservative care and observation that is why right knee x-ray was not certified. Lumbar spine MRI was not certified based on the fact that the patient did not respond to treatment. Bilateral knee MRI was not certified, because there was no documentation supporting special conservative care and observation. Functional evaluation capacity was not certified, because there was no documented necessity of it. The back brace was

not certified, based on the fact that the patient was beyond the acute face of symptoms. There was no documentation of supporting the necessity of knee brace. The acupuncture therapy was modified from 8 to 4 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) right lower extremity quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back Chapter-EMG).

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states stat EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The patient presented with right knee dull, achy and sharp pain and stiffness associated with standing, walking and squatting. However, there was no documentation supporting evidence of radiculopathy after 1 month conservative therapy. Therefore, the request for electromyography (EMG) right lower extremity quantity 1.00 was not medically necessary.

Electromyography (EMG) left lower extremity quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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) Low Back chapter.

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states stat EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The patient presented with left knee dull, achy and sharp pain and stiffness associated with standing, walking and squatting. However, there was no documentation supporting evidence of

radiculopathy after 1 month conservative therapy. Therefore, the request for electromyography (EMG) left lower extremity quantity 1.00 was not medically necessary.

Nerve conduction studies (NCS) right lower extremity quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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) (Low Back Chapter).

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states stat EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The patient presented with dull, achy and sharp pain in his right knee, aggravated by standing. However, it was no clear how nerve conduction velocity study would help the patient with increase functional capacity or pain relief. Therefore, the request for nerve conduction studies (NCS) right lower extremity quantity 1.00 was not medically necessary.

Nerve conduction studies (NCS) left lower extremity quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 309.

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) (Low Back Chapter).

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states stat EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The patient presented with had left knee dull, achy and sharp pain and stiffness associated with standing, walking and squatting. MRI Revealed medial meniscal tear, posterior horn, and LCL sprain. However, it was no clear how nerve conduction velocity study would help the patient with increase functional capacity or pain relief. Therefore, the request for nerve conduction studies (NCS) left lower extremity quantity 1.00 was not medically necessary.

X-Ray right knee quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: CA MTUS states that for patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The patient was presented with 6/21/13 date of injury. However, there was no evidence of new acute trauma. In addition, there was no documentation of specific treatment done after date of injury. Therefore, the request for x-ray right knee quantity 1.00 was not medically necessary.

Magnetic resonance imaging (MRI) lumbar spine quantity 1.00: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back Chapter MRI).

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. The patient had MRI on 2/17/14 which revealed demonstrated L2-L3 central focal disc protrusion, mildly narrows the lateral recesses bilaterally, and L3-L4 paracentral disk protrusion. However, there was no documentation supporting pain exacerbation or progression in objective findings. Therefore, the request for magnetic resonance imaging (MRI) lumbar spine quantity 1.00 was not medically necessary.

Magnetic resonance imaging (MRI) right knee quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Knee and Leg Chapter).

Decision rationale: CA MTUS recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include acute

trauma to the knee, significant trauma, suspect posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. The patient had MRI on 2/12/14 that revealed LCL sprain, and thickening and synovialization of the suprapatellar plica. However, there was no documentation of recent acute trauma, or posterior knee dislocation. In addition there was no evidence of significant functional gains following treatment. Therefore, the request for magnetic resonance imaging (MRI) right knee quantity 1.00 was not medically necessary.

Magnetic resonance imaging (MRI) left knee quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Knee and Leg Chapter).

Decision rationale: CA MTUS recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. The patient had MRI on 2/12/14 that revealed medial meniscal tear, posterior horn, and LCL sprain. However, there was no documentation supporting recent new acute trauma, or significant knee dislocation. In addition there was no evidence of functional gains or pain relief following treatment. Therefore the request for magnetic resonance imaging (MRI) left knee quantity 1.00 was not medically necessary.

Initial functional capacity evaluation quantity 1.00: 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 Guidelines, Independent Medical Examinations and Consultations, pg. 138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7 Independent Medical Examinations and Consultations (page 132-139) Official Disability Guidelines (ODG) (Fitness for Duty Chapter), FCE.

Decision rationale: CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries

that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. The patient presented with pain in his lower back and lower extremities. However, there was no indication about the patient's work status. Therefore the request for initial functional capacity evaluation quantity 1.00 was not medically necessary.

Back brace quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter).

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief; however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. However, there was no documentation supporting lower back instability. In addition, the patient was no in acute phase of injury. Therefore, the request for back brace quantity 1.00 was not medically necessary.

Right knee brace quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter).

Decision rationale: CA MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG states that prefabricated knee braces may be appropriate for certain indications, such as knee instability, reconstructed ligament, articular defect repair, or tibial plateau fracture. The patient presented with pain in the lower back, and bilateral lower extremities. However, there was no indication of knee instability. In addition, there was no evidence that the patient would be overusing his knee. Therefore, the request for a right knee brace quantity 1.00 was not medically necessary.

Acupuncture quantity 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Pain, Suffering, and the Restoration of Function Chapter (page 114).

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. In the previous UR decision there was indicated that the patient had 5 session of acupuncture therapy. However, there was no documentation supporting total amount of previous therapy. In addition, there was no evidence of functional gains or pain relief. It was not specified for which body part acupuncture therapy was requested. In addition, there was modification of acupuncture therapy in a previous UR decision from 8 to 4 sessions. Therefore, the request for acupuncture quantity 8.00, as submitted, was not medically necessary.