

Case Number:	CM14-0025616		
Date Assigned:	06/13/2014	Date of Injury:	12/21/2013
Decision Date:	07/21/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

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 Pain 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:

The patient is a 45 year old male 12/21/2013 while he was in the restroom when he tripped over the hose and jerked his back and caught himself with his right hand. The patient underwent L4-L5 microscopic laminectomy with L4-L5 and L5-S1 lateral recess and neural foraminal decompression. He also had a spinal cord stimulator removal (of unknown date). The patient's medications as of 01/16/2014 include gabapentin, dendracin, hydrocodone. Diagnostic studies reviewed include x-ray of the lumbar spine dated 02/05/2014 showed a complete laminectomy at L5 and partial laminectomies at L4 and S1 bilateral. There is no pathological instability and no sign instability. Progress report dated 01/13/2014 indicated the patient presented for follow up of a cervical strain with radiculopathy and lumbar strain. The patient rated his pain as a 9/10 at the neck and is constant with radiation, burning, and numbness. On exam, there is tenderness to palpation of the neck and bilateral paraspinals and bilateral trapezius, right greater than left, with spasm of trap. There is limited range of motion in all directions with pain. Grip strength is diminished on right side. The lumbar spine reveals tenderness to palpation at the midline and bilateral paraspinals, right greater than left. He was unable to toe walk or heel walk. He has an antalgic gait. The patient was diagnosed with lumbar strain, lumbar radiculopathy, cervical strain and cervical radiculopathy. The patient was scheduled for lumbar surgery on 01/16/2014. Ortho note dated 02/05/2014 states the patient has undergone surgery and underwent bilateral decompression at L4-L5 and L5-S1. On exam, the lumbar paraspinals are tender to palpation. There are spasms present. Prior utilization review dated 02/18/2014 states the request for one MRI of the cervical spine is not medically warranted and there was no evidence of any failed conservative treatments. The EMG/NCS of bilateral extremities request is not warranted as well as there is no evidence to support medical necessity. The request for bilateral knee braces as guideline criteria was not met and one consult for internal medicine was not

certified due to a lack of documentation such as subjective and objective findings to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI SCAN OF THE CERVICAL 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 (ACUTE AND CHRONIC).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Magnetic resonance imaging (MRI).

Decision rationale: According to the CA MTUS guidelines, MRI of cervical spine is recommended when surgery is being considered for a specific anatomic defect, and to further evaluate the possibility of potentially serious pathology, such as a tumor. According to the ODG, MRI of cervical spine is not recommended except in the chronic neck pain which has not responded to 3 months of conservative treatment, neck pain with radiculopathy if severe or progressive neurological deficit, or suspected ligamentous injury with normal radiographs and/or CT. The medical records document the patient was diagnosed with cervical strain with radiculopathy, lumbar sprain with radiculopathy, and status post L4-L5 and L5- S1 laminectomy with neuronal foraminotomy. In the absence of documented subjective and objective findings of progressive neurological deficit, documentation of at least 3 months of conservative treatment, documentation of normal radiography and/or CT, the request is not medically necessary according to the guidelines.

1 EMG (Electromyography) OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, EMG and NCV.

Decision rationale: According to the CA MTUS guidelines, 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. According to the ODG, Electromyography (EMG) is recommended as an option in selected cases. The medical records document the patient was diagnosed with cervical strain with radiculopathy, lumbar sprain with radiculopathy, and status post L4-L5 and L5- S1 laminectomy with neuronal foraminotomy. In the absence of documented subjective and

objective findings of progressive neurological deficit, the request is not medically necessary according to the guidelines.

BILATERAL KNEE BRACES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Knee brace.

Decision rationale: According to the CA MTUS guidelines, rest and immobilization is recommended for short time period after acute injury, but it is not recommended to use braces for prolonged time in ACL deficient knee. According to the ODG, Knee brace is recommended in the knee instability, ligament insufficiency/deficiency, reconstructed ligaments, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, Painful high tibial osteotomy, Painful unicompartmental osteoarthritis, and Tibial plateau fracture. The medical records document the patient was diagnosed with cervical strain with radiculopathy, lumbar sprain with radiculopathy, and status post L4-L5 and L5- S1 laminectomy with neuronal foraminotomy. In the absence of documented subjective and objective findings of knee lesion that warrants the need for using knee brace, the request is not medically necessary according to the guidelines.

1 INTERNAL MEDICINE CONSULT: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 IME, page(s) 503-505.

Decision rationale: According to the CA MTUS guidelines, consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The medical records document the patient was diagnosed with cervical strain with radiculopathy, lumbar sprain with radiculopathy, and status post L4-L5 and L5- S1 laminectomy with neuronal foraminotomy. In the absence of documented clear medical indication that warrants the need for internal medicine consultation, the request is not medically necessary according to the guidelines.

NERVE CONDUCTION VELOCITY OF BILATERAL UPPER EXTREMITIES: 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): 178-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Nerve conduction studies (NCS).

Decision rationale: According to the CA MTUS guidelines, 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. According to the ODG, Nerve conduction studies (NCS) is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. The medical records document the patient was diagnosed with cervical strain with radiculopathy, lumbar sprain with radiculopathy, and status post L4-L5 and L5- S1 laminectomy with neuronal foraminotomy. In the absence of documented subjective and objective findings of progressive neurological deficit, the request is not medically necessary according to the guidelines.