

Case Number:	CM14-0027814		
Date Assigned:	06/20/2014	Date of Injury:	07/07/2013
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 48-year-old female with a reported date of injury on 07/07/2013. The injury reportedly occurred when the injured worker was lifting a surgical tray weighing approximately thirty (30) pounds and turned quickly causing pain in the back. Her previous treatments were noted to include physical therapy, medications, and chiropractic care. Her diagnoses were noted to include cervical myospasm, cervical pain, cervical radiculopathy, cervical sprain/strain, cervical disc protrusion, lumbar muscle spasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, and lumbar disc protrusion. The progress note dated 01/31/2014 reported that the injured worker complained of constant moderate dull, achy, sharp, stabbing neck pain, stiffness and weakness, and aggravated by looking up and down to the cervical spine. The injured worker complained of constant moderate dull, achy, sharp low back pain, stiffness and weakness, aggravated by sitting, standing, working, bending, and squatting to the lumbar spine and the pain severity was 8/10. The ranges of motion to the cervical and lumbar spine were noted to be decreased and painful. There was 3+ tenderness to palpation of the cervical paravertebral muscles noted as well as a muscle spasm. Cervical compression was positive and shoulder decompression was positive bilaterally. The lumbar spine was noted to have trigger points at paraspinals present at the lumbar spine as well as a 3+ tenderness to palpation of the lumbar paravertebral muscles and muscles spasms. There was a positive Kemp's sign bilaterally and straight leg raise was positive on the left. The request for authorization was not submitted within the medical records. The request was for electromyography of the bilateral lower extremities, nerve conduction velocity of the bilateral lower extremities, an MRI of the lumbar spine, and podiatrist consultation; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH A PODIATRIST [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC Pain Procedure Summary (last updated 01/07/2014).

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

Decision rationale: The injured worker has complaints of pain to the cervical and lumbar spine. The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the injured worker is taking, since some medications such as opioids, or medicines such as her antibiotics, require less monitoring. There is a lack of documentation of significant clinical findings to warrant the need for orthotics to be determined by a podiatrist. There is a lack of imaging studies or incidence of injury reported to this region to warrant a consult with a podiatrist. As such, the request is not medically necessary.

MRI OF THE LUMBAR SPINE: Upheld

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-TWC Low Back Procedure Summary (last updated 02/13/2014).

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

Decision rationale: The injured worker had an MRI of the lumbar spine on 02/13/2014. The MTUS/ACOEM Guidelines state that unequivocal objective findings identify specific nerve compromise in the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic exam is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. The physiologic evidence indicates tissue insult or nerve impairment. The practitioner can discuss with a consultant the selection of an imaging test to define the potential cause such as an MRI or neurological issues. The guidelines state the MRI is used to identify

and define disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. The injured worker has received an MRI of the lumbar spine in 02/2014, which showed disc protrusion and to the L5-S1 and mildly hypertrophic facet joints and ligamentum flavum. The MRI report also noted mildly narrowed spinal canal, lateral recesses in right neural foramen. An MRI was already performed and there is a lack of clinical findings to document a significant change in clinical pathology to warrant a repeat MRI. Therefore, the request is not medically necessary.

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL LOWER EXTREMITIES:
Upheld

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-TWC Low Back Procedure Summary (last updated 02/13/2014).

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

Decision rationale: The injured worker has complained of cervical and lumbar spine pain. The MTUS/ACOEM Guidelines state that electromyography, including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four (3 to 4) weeks. There was a lack of documentation regarding neurological deficits, such as decreased sensation, decreased motor strength or decreased reflexes to warrant the need for an electromyography to the bilateral lower extremities. The guidelines also recommend electromyography to identify and define disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. The injured worker had a previous MRI, which showed a disc protrusion. Therefore, the request is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL LOWER EXTREMITIES: Upheld

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-TWC Low Back Procedure Summary (last updated 02/13/2014).

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, Nerve Conduction Studies.

Decision rationale: The injured worker has a previous request for electromyography (EMG) of the bilateral lower extremities which was not certified. The Official Disability Guidelines do not recommend nerve conduction studies and state there is minimal justification for performing nerve conduction studies on a patient who is presumed to have symptoms on the basis of radiculopathy. The review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, an EMG/nerve

conduction studies (NCS) often have low compliance sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. There is a lack of neurological deficits to suspect radiculopathy and the guidelines do not recommend a nerve conduction study for the bilateral lower extremities. As such, the request is not medically necessary.