

Case Number:	CM14-0030021		
Date Assigned:	06/20/2014	Date of Injury:	07/31/2013
Decision Date:	08/05/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 injured worker is a 40-year-old male who reported an injury on 07/31/2013; the mechanism of injury was not provided within the medical records. The clinical note dated 05/07/2014 noted the injured worker complained of persistent pain along the lower back and bilateral knees. The physical examination of the lumbar spine noted muscle spasms and tenderness to palpation of the paraspinal musculature. Additionally, range of motion testing was painful. Physical examination of the bilateral knees noted range of motion testing demonstrated flexion to 125/150 and extension to 0/0 bilaterally. Crepitus was present during range of motion testing and there was tenderness along the medial joint line of both knees. McMurray's test was positive bilaterally. The clinical note also documented an MRI of the right and left knees was performed on 02/27/2014 which showed evidence of lateral meniscal tears. The injured worker's diagnosis included lumbar spine strain with lumbar spondylosis, rule out lumbar radiculopathy and lateral meniscal tears of both knees. Previous treatments included 8 sessions of physical therapy to an unspecified area, medications and a home exercise program. Within the documentation provided, medications were noted to include Naproxen 550mg, Prilosec 20mg, Medrox 120mg cream and Tylenol #3. The provider requested electromyogram (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities, physical therapy 3 times a week for 6 weeks for the lumbar spine and bilateral knees and a magnetic resonance imaging of the lumbar spine. The Request for Authorization Form dated 02/04/2014 was included within the documentation submitted for review. Within the documentation submitted for review, it was noted that the rationale for the EMG/NCV studies of the lower extremities was to assess the degree of peripheral nerve entrapment and to rule out radiculopathy. The rationale for the MRI of the lumbar spine was to rule out underlying lumbar disc pathology. The rationale for physical

therapy for the lumbar spine and bilateral knees 3 times a week for 6 weeks was due to the injured worker's conditions not improving.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMGs (electromyography).

Decision rationale: The request for EMG of the bilateral lower extremities is not medically necessary. The injured worker has a history of persistent low back and bilateral knee pain. The California MTUS/ACOEM guidelines state electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The Official Disability Guidelines (ODG) state EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The clinical note dated 01/15/2014 noted the injured worker complained of increased pain to the right knee with stooping, climbing, prolonged standing or walking activities but decreased pain with rest and medications. The injured worker also complained of increased pain to the left knee with any standing or walking activities and decreased pain with rest and medications. The clinical note dated 05/07/2014 noted decreased range of motion testing with flexion of the right and left knee at 125/150 degrees bilaterally. However, there is a lack of documentation to indicate any decreased strength or sensation. There is a lack of documentation indicating findings are present for which electromyography would be indicated. Based on the above noted, the request is not medically necessary.

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.

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 (NCS).

Decision rationale: The request for NCV of the bilateral lower extremities is not medically necessary. The injured worker has a history of persistent low back and bilateral knee pain. The Official Disability Guidelines (ODG) state that nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a

patient is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, electromyography (EMG)/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Studies have not shown portable nerve conduction devices to be effective. The clinical note dated 05/07/2014, noted decreased range of motion testing with flexion of the right and left knee at 125/150 degrees bilaterally. However, there is a lack of documentation to indicate any decreased strength or sensation. Additionally, the guidelines do not recommend NCV as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Based on the above noted, the request is not medically necessary.

Physical Therapy three times a week for six weeks for the lumbar spine and bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Low Back and Knee and Leg)ACOEM, page 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy 3 times a week for 6 weeks for the lumbar spine and bilateral knee is not medically necessary. The injured worker has a history of persistent low back and bilateral knee pain. The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The physical medicine guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines recommend 9-10 visits over 8 weeks. Within the documentation provided, the injured worker was noted to have undergone 8 sessions of physical therapy and prescribed medications which the injured worker stated provided temporary pain relief. However, there is a lack of documentation to indicate the site at which the prior therapy was performed. The clinical note dated 05/07/2014, noted decreased range of motion testing with flexion of the right and left knee at 125/150 degrees bilaterally and tenderness and spasm of the paraspinal musculature. However, there is a lack of documentation to indicate any decreased strength or sensation. There is a lack of documentation detailing prior treatment to the requested areas. Additionally, there is a lack of documentation indicating the injured worker has significant functional deficits to the lumbar spine. Based on the above noted, 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): 303-304 and table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (Low Back).

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

Decision rationale: The request for the MRI of the lumbar spine is not medically necessary. The injured worker has a history of persistent low back and bilateral knee pain. CA MTUS/ACOEM guidelines state for low back complaints, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The clinical note dated 01/15/2014, noted the injured worker complained of increased pain with prolonged sitting, lifting and carrying heavy items but decreased pain with rest and medications. The clinical note dated 05/07/2014 did not notate any current functional deficits. There is lack of documentation indicating the injured worker has unequivocal objective findings that identify specific nerve compromise. Based on the above noted, the request is not medically necessary.