

Case Number:	CM14-0038428		
Date Assigned:	07/30/2014	Date of Injury:	11/19/2008
Decision Date:	09/11/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 patient is a 55 y/o female who developed chronic low back pain subsequent to a lifting injury dated 11/19/2008. Over time the pain has spread and has included pan spinal pain and right upper extremity discomfort. A few years after the lifting injury she was in a minor MVA and has reported increased symptoms in the areas previously affected. She has a several year history of left leg radiculitis and radiculopathy and is s/p laminotomy microdiscectomy on 12/16/2010 at the L5-S1. He has had 2 post op lumbar MRI tests on 6/10/11 and 11/29/12. Neither showed any myelopathic changes and/or compressive changes. She has had lower extremity electrodiagnostics which have been stable. Her treating physician has reported short term improvement with orthopedic treatments which are not well defined in the reports, but use computerized equipment and Med-X equipment have been mentioned on occasion. There has been no long term changes in objective functional measurements or pain complaints. She continues to utilized oral analgesics in the form of Hydrocodone 10/325 up to 2X's per day and Flexeril 10mg at night. The treating physician has opinioned that there is a left cubital tunnel syndrome and reports resolution of pain from a steroid injection, but reports continued numbness in the ulnar distribution. No detailed evaluation of numbness is documented such as 2 point discrimination testing and or monofilament testing. There has been significant disagreement between the treating physicians evaluations/recommendations and the AME med-legal evaluations/recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Low Back Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Magnetic Resonance Imaging.

Decision rationale: MTUS guidelines recommend MRI testing if there is a progressive neurological deficit. ODG Guidelines add additional details regarding the medical necessity for repeat MRI testing. Both Guidelines are in agreement that repeat testing is only indicated in the presence of deteriorating neurological function and/or the presence of "red flag" conditions such as suspected cancer or infection. conditions. This patient has had 2 post operative MRI tests which have not shown any substantial changes that would necessitate a change in treatment plans. The current treating Physician does not provide adequate criteria to justify another repeat MRI. He states that she was doing very well and active while receiving the "orthopedic" treatments. As soon as these treatments stopped the treating physician has stated that her leg pain is worse and additional tests were necessary. It cannot be both ways i.e. conservative treatment and the nerves are doing well and then as soon as it is stopped everything deteriorates. A progressive nerve compression does not act this way. The requested repeat lumbar MRI is not medically necessary.

EMG of the left Lower Extremity: 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 Lumbar and Thoracic.

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

Decision rationale: MTUS Guidelines recommend electrodiagnostic testing in the presence of deteriorating neurological dysfunction. The treating physician has not documented a deteriorating neurological dysfunction in the left leg. She is reported to be doing very well with good function when "orthopedic treatments" are authorized, but as soon as she quits these she is reported to have deterioration with increased pain in the leg. A worsening neurologic status would not come and go depending upon the authorization of "orthopedic treatments". The requested left leg EMG is not medically necessary.

EMG of the right Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 269.

Decision rationale: MTUS Guidelines do support the medical necessity of upper extremity electrodiagnostics (EMG and NCV) if there is a progressive neurological deficit and there is a failure to respond to therapy. The treating physician has injected the right elbow cubital tunnel with a steroid injection and states that it completely relieved her pain, but not her complaints of numbness. However, there are no objective reported exam findings such as two point discrimination testing, monofilament testing or strength measurements. In addition, there is no reports of physical therapy treatments for possible cubital tunnel syndrome. To be compliant with Guidelines, a more comprehensive evaluation and a failure to respond to therapy would be necessary. There are no unusual circumstances to justify an exception to Guidelines. The requested right upper extremity EMG/NCV is not medically necessary.

NVC of the right Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 269.

Decision rationale: MTUS Guidelines do support the medical necessity of upper extremity electrodiagnostics (EMG and NCV) if there is a progressive neurological deficit and there is a failure to respond to therapy. The treating physician has injected the right elbow cubital tunnel with a steroid injection and states that it completely relieved her pain, but not her complaints of numbness. However, there are no objective reported exam findings such as two point discrimination testing, monofilament testing or strength measurements. In addition, there is no reports of physical therapy treatments for possible cubital tunnel syndrome. To be compliant with Guidelines, a more comprehensive evaluation and a failure to respond to therapy would be necessary. There are no unusual circumstances to justify an exception to Guidelines. The requested right upper extremity EMG/NCV is not medically necessary.

Bilateral Upper Extremity EMG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186.

Decision rationale: MTUS Guidelines recommend EMG testing only if there is reasonable evidence of nerve root or muscle dysfunction. However the requesting physician has not

provided adequate evidence to support additional testing. He reports only the subjectives of increased pain and limitations in the neck and there is minimal physical findings of lower cervical spasm. No detailed neurological exam is documented. On another occasion he states that there is left ear and left facial numbness and states that this is consistent with a cervical radiculopathy yet there is no detailed exam to back up the subjective complaints of numbness to the various face, neck and upper extremity areas. The treating physician does not provide reasonable evidence of nerve root dysfunction. The request for upper extremity EMGs is not medically necessary.

Unknown Right Elbow injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines Indication for Surgery - Acute Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 272.

Decision rationale: MTUS Guidelines support a trial of steroid injections for nerve root compression if there is a failure of conservative care. Repeat injections are not recommended. The treating physician is requesting a repeat nerve block. A review of the prior procedure indicates that the prior injection was a steroid injection into the cubital canal area and there is reported to be an improvement in pain, but no improvement in the subjective complaints of numbness. There is no documentation of conservative care prior to the initial injection no has there been any therapy for the elbow after the injection. Under these circumstances the request for a repeat block is not supported in Guidelines. The request for a repeat nerve block is not medically necessary.

60 Flexeril 10mg and one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Chronic Pain Guidelines are very specific that Flexeril should be utilized on a short term basis only i.e. 2-3 weeks. It is documented that the patient is using this on a nightly basis as a sleep aid, but no long term benefits are described. There is no unusual circumstances that would support an exception to Guideline recommendations. The Flexeril is not medically necessary.

50 Vicodine ES: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 64.

Decision rationale: MTUS Chronic Pain Guidelines recommend limiting the amount of Opioids whenever possible. The patient has diminished Opioid use down to an average use of 1-2 Vicodin ES per day. There is no current evidence of misuse or accelerating use. If use accelerates this can be re-reviewed in U.R. in the future. Given the very limited use for occasional pain flare-ups the Vicodin ES #50 per month is medically reasonable. Therefore the request is medically necessary and appropriate.

Unknown continued orthopedic nonsurgical treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicin Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Extension Exercise Equipment.

Decision rationale: MTUS Guidelines recommend up to 8-10 sessions of physical therapy for chronic pain conditions with the goal of teaching self protective behaviors and patient follow thru with a home exercise and rehab program. The patient has been provided 12 sessions of physical therapy in '12 and sessions prior to that. It appears that this request at least in part if for the use of Med-X equipment in an officed based programs. ODG Guidelines specifically address this type of equipment and point out that it can be an option to use in a physical therapy treatments, but the outcomes are not superior to other forms of exercise. There is no evidence that the patient has followed through on prior therapy instructions or is need of a limited number of sessions to renew a home based program. There are no unusual circumstances to justify and exception to Guidelines recommendations. The request for ongoing physical therapy in the form of orthopedic nonsurgical interventions is not medically necessary.

1 follow up in 4 weeks: Overturned

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, Pain Office visits.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This was approved in U.R.