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| Case Number: | CM14-0039177 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 05/14/2013 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 03/18/2014 |
| Priority: | Standard | Application Received: | 04/03/2014 |

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 46 year old male who was injured on 5/14/13 after falling. He was later diagnosed with lumbar sprain/strain, left hip sprain/strain, and right hand (ring finger/metacarpophalangeal joint injury/sprain/strain). He was also diagnosed with left L2-L4 transverse process fractures and cervical spondylosis after imaging. He was treated with a lumbar brace, pain medications, and physical therapy for his neck and back. Pain gradually improved over the following months, but still remained. He had been seeing a hand specialist who recommended surgery on his right hand, but this was denied, so never took place. On 2/18/14, the worker saw a different provider, a chiropractor, who evaluated him. He then complained of lower back, right hip, and right hand pain with a tingling sensation and burning in his hand. Physical examination revealed muscle spasm and tenderness in the lumbar paraspinals as well as tenderness in the left hip, right hand. No neurological examination was documented as being completed. He recommended chiropractic visits, acupuncture and biofeedback exercises. Later MRI and x-ray of his lower back, hip, and right hand was requested as well as EMG/NCV testing of his upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the low back, left hip, and right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310.

Decision rationale: California MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The California MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. In the case of this worker, the requesting provider did not document a thorough history and physical examination that would have helped to justify the need for these MRI tests of the back, hip, and hand. Without documented findings, the MRIs are not medically necessary.

xrays of the low back, left hip, and right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The California MTUS ACOEM Guidelines state that special studies such as x-rays for the lower back (as well as the hand and hip) are not recommended for routine use in the absence of any red flag symptoms or signs. In the case of this worker, there was no subjective or objective evidence of any change in the worker's status that might warrant an x-ray. Therefore the x-rays of the lumbar, hip, and hand are all not medically necessary.

NCV bilateral upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178 303-305.

Decision rationale: The California MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that for most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. The California MTUS ACOEM Guidelines also state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there was not any documentation of a neurological examination from the requesting provider to know if this testing is necessary or not. Without this objective evidence, there is no medical need for EMG or NCV testing for the upper or lower extremities.

MEG bilateral upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 303-305.

Decision rationale: The California MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that for most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. The California MTUS ACOEM Guidelines also state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there was not any documentation of a neurological examination from the requesting provider to know if this testing is necessary or not. Without this objective evidence, there is no medical need for EMG or NCV testing for the upper or lower extremities.

chiropractic treatments x 12 lumbar spine, left hip and right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation pp. 58-60 Page(s): 58-60.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines state that for low back pain, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. The California MTUS also suggests that for recurrences or flare-ups of low back pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-

2 visits every 4-6 months is warranted. In the case of this worker, there was a requested 12 sessions of chiropractor manipulation, which is beyond the recommended trial number. Therefore, the chiropractic treatments are not medically necessary.

acupuncture x 12 treatments to the lumbar spine, left hip, and right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, the requesting provider requested 12 sessions of acupuncture, which is well beyond the recommended trial number. Therefore, the acupuncture is not medically necessary.