

<b>Case Number:</b>	CM14-0060507		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	01/12/2014
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Orthopedic Surgery 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 31 year old male sustained an industrial injury on 1/12/14. The 1/22/14 initial chiropractic report cited constant severe radiating low back, mid back, bilateral knee, and right foot pain. Physical exam documented moderate to marked loss of lumbar range of motion with positive mechanical and nerve tension signs. There was 4/5 weakness noted in heel/toe walking, knee extension, and hip flexion. There was severe thoracic paraspinal tenderness and hypertonicity. Left knee range of motion was documented as 120 degrees extension and 100 degrees flexion with positive valgus/varus and severe tenderness. Right knee range of motion was documented as 120 degrees extension and 100 degrees flexion with moderate tenderness and positive valgus. There was severe right foot tenderness over the arch. The treatment plan included chiropractic/physiotherapy x 12. The patient was unable to return to work. The 4/4/14 chiropractic progress report documented slight improvement in subjective and objective findings. There was no change in work status. The treatment plan recommended acupuncture 2x2 on a trial basis, with continued treatment 2x2 if improvement was obtained. MRI scans of the lumbar spine, bilateral knees, and right foot and lower extremity EMG/NCV studies were recommended due to constant, severe, radiating pain and discomfort. Referral to an M.D. for prescription medications was recommended. The 4/18/14 utilization review denied the request for 8 sessions of acupuncture as there was a trial of 4 acupuncture sessions with no indication of any subjective or objective functional gains. MRIs were denied as there was no evidence that plain films had been obtained and were non-diagnostic. EMG/NCV were denied as there was no evidence of radiation in a dermatomal patterned distribution or evidence of peripheral entrapment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture treatment (8 sessions) 2x2, if progress continue 2x per week for additional weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The MTUS Acupuncture Guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented. This patient completed a 4 visit trial of acupuncture. There is no documentation of maintained subjective benefit associated with acupuncture. There is no documentation of a significantly maintained improvement in activities of daily living or reduction in work restriction, and reduction in dependence on continued medical treatment consistent with the guideline definition of functional improvement. A current referral for medication management is noted. Therefore, this request for 8 additional acupuncture treatments is not medically necessary.

**MRI of Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The ACOEM Guidelines state that unequivocal objective findings of specific nerve compromise on the neurologic exam are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. Indiscriminant imaging carries the risk of diagnostic confusion. Guideline criteria have not been met. There is no documentation of severe or progressive dermatomal or myotomal-patterned radicular pain consistent with neurologic exam findings to warrant imaging. X-rays are generally recommended for subacute lower back pain that is not improving. Therefore, this request for MRI of the lumbar spine is not medically necessary.

**MRI of bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343, 347.

**Decision rationale:** The ACOEM Guidelines state that most knee problems improve quickly once any red-flag issues are ruled-out. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Guideline criteria have not been met. There is no current provocative testing or mechanical signs/symptoms documented to suggest internal derangement. Therefore, this request for MRIs of the bilateral knees is not medically necessary.

**MRI of right foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot and Ankle Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**Decision rationale:** The ACOEM Guidelines state that disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant imaging. MRIs may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Guideline criteria have not been met. This patient has been diagnosed with plantar fasciitis and rule-out heel spur. There is no guideline support for imaging to establish or confirm these diagnoses. Therefore, this request for MRI of the right foot is not medically necessary.

**EMG of the lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

**Decision rationale:** The ACOEM Guidelines state that EMG (electromyography) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms that last more than 3 to 4 weeks. Guidelines state that electrical studies are contraindicated for nearly all knee injury diagnoses. Guideline criteria have not been met. There is no evidence of focal neurologic dysfunction. There was no evidence of myotomal patterned weakness, loss of

sensation or diminished reflexes to suggest focal neurologic dysfunction. Therefore, this request for EMG of the lower extremities is not medically necessary.

**NCV of the lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**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 - Lumbar and Thoracic, Nerve conduction studies (NCS).

**Decision rationale:** The Official Disability Guidelines state that electrical studies are contraindicated for nearly all knee injury diagnoses. The Official Disability Guidelines state that nerve conduction studies are not recommended in low back injuries. Given the absence of guidelines support for nerve conduction studies in low back and knee complaints, this request for NCV of the lower extremities is not medically necessary.