

<b>Case Number:</b>	CM14-0088835		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Pain Management 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 37-year-old female who sustained work-related injuries on April 25, 2012. The most recent progress notes dated April 30, 2014 documents that the injured worker complained of left ankle and foot sharp intermittent moderate pain that was aggravated by standing. With regard to her left knee, she complained of sharp frequent moderate pain aggravated by kneeling and cold weather. Concerning her lumbar spine, she complained of intermittent moderate pain that was described as pressure and increased with prolonged sitting and standing. Concerning her bilateral wrists and hands, she complained of sharp intermittent severe pain aggravated by grasping items and writing with noted weakness and her thumbs would lock frequently. The lumbar spine examination noted +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L3 to S1 multifidus and left piriformis muscle. The Kemp's test and Yeoman's test was positive bilaterally. The straight leg raising test was positive on the left. The left patellar reflex and left Achilles reflex were decreased. The examination of the bilateral wrist and hands noted +3 spasms and tenderness to the bilateral anterior wrists and thenar eminences. Tinel's, bracelet test, Phalen's and Finkelstein's tests were positive bilaterally. The left wrist strength, measured by using a Jamar Dynamometer, revealed 0/0/0. The knee examination noted +3 spasm and tenderness to the bilateral anterior joint lines and popliteal fossas. The McMurray's, Grinding, and Clarke's tests were positive bilaterally. The ankle and feet examination noted +3 spasms and tenderness to the left lateral malleolus and 5th metatarsal. The valgus and varus tests were positive on the left. The range of motion report dated April 30, 2014 indicated limited range of motion of the lumbar spine, bilateral wrists, bilateral knees, and left ankle. The magnetic resonance imaging scan of the lumbar spine (unknown date obtained) noted 5-mm disc protrusion with abutment of the exiting L4 nerve root. She is diagnosed with (a) lumbar disc displacement with myelopathy, (b) carpal tunnel syndrome bilateral, (c) radial

styloid tenosynovitis of the bilateral wrists, (d) tendinitis/bursitis of the bilateral hands/knees, (e) chondromalacia patella of the bilateral knees, (f) bursitis of the bilateral knees, and (g) chronic left ankle sprain/strain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Follow up visit (addressing ROM, ADL's):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, evaluation and management

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

**Decision rationale:** A follow-up visit with the injured worker's treating physician is encouraged and recommended by evidence-based Official Disability Guidelines in order to monitor and evaluate the condition of the injured worker with regard to her progression or response to the provided medical treatment. The guidelines also indicate that due to the extremes in the condition of workers, a set of number of office visit per condition cannot be reasonably established. However, if office visits exceed the number of office visits listed in the Codes for Automated Approval, this may serve as a flag to payors for possible evaluation but payors should not automatically deny payment for these if preauthorization has not been made. In this case, there is no documentation that the number of office visits exceeds that is listed in the Codes for Automated Approval. Moreover, this one office visit/follow-up visit has been authorized by a utilization body on May 16, 2014. This one follow-up visit as requested in the Request for Application dated April 30, 2014 has been approved by the utilization review body on May 16, 2014. There is no indication that other follow-up visits were made in the same month. Therefore, the request is 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, electromyography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS)

**Decision rationale:** Official Disability Guidelines do not recommended the usage of nerve conduction velocity for conditions of the low back. Moreover, the objective findings presented in the April 15, 2014 records do not indicate sufficient evidence of a radiculopathy as there is no documented neurological examination or indication of radicular symptoms in a dermatomal

distribution. Therefore, the medical necessity of the requested nerve conduction velocity of the bilateral lower extremities is not established.

**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, electromyography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS)

**Decision rationale:** According to Official Disability Guidelines, electromyography is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but electromyography is not necessary if radiculopathy is already clinically obvious. The records indicate that the injured worker does not show sufficient evidence of radicular symptoms; there is no evidence of a neurological examination performed noting radiculopathy in a dermatomal distribution, or peripheral entrapment. Therefore, the medical necessity of the requested Electromyography of the bilateral lower extremities is not established.

**Consultation with a pain management specialist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, evaluation and management, low back chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examination and Consultations, page(s) 127

**Decision rationale:** According to American College of Occupational and Environmental Medicine, Chapter 7, consultation is to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or worker. The requested consultation with a pain management specialist is for evaluation if the injured worker is a candidate to undergo epidural steroid injections. However, the records do not indicate that the injured worker is an excellent candidate as there was no presented unequivocal evidence of lumbar spine radiculopathy as evidenced in the April 15, 2014 records. Therefore, the request for a pain management specialist is not medically necessary.