

Case Number:	CM14-0100550		
Date Assigned:	08/01/2014	Date of Injury:	11/02/2011
Decision Date:	03/05/2015	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 is a 57 year old male with a work injury dated 11/02/2011. The utilization review (UR) documents the mechanism of injury as a fall from scaffolding sustaining fractures to ribs, vertebrae, pelvis and ankle. The UR also documents previous treatments as extensive physical therapy and lumbar injections. Previous treatments are not in the records submitted for this review. The only available record for review is dated 06/13/2014 which states clinically the injured worker (IW) is unchanged from his last visit. The provider documents he had previously recommended CT of the pelvis, MRI of the spine, EMG/nerve conduction studies of both upper and lower extremities as well as physical therapy which were all denied. The provider states that he has received in the interim over 1000 pages of medical records from his prior treatment. Physical exam revealed bilateral paraspinal tenderness at cervical (C) 5- C 7. Cervical spine range of motion was limited. There was tenderness at the lumbar (L) 5 - sacral (S) 1 as well as the superior iliac crest. There was tenderness along the left sacroiliac joint, left sciatic notch as well as left ischium. There was a well healed incision from a left lateral percutaneous screw insertion for sacroiliac fixation. Lumbar range of motion was also limited. There was tenderness along the ribs on the left side. The ankle reflexes are 0/4 and the right quadriceps 2+/4 and left 2/4. There is decreased sensation in the left lateral thigh, leg, foot, medial thigh, medial leg and foot. The SLR is 80 degrees on right and 60 on left. The Diagnosis included: - Cervical sprain/strain - Thoracolumbar sprain/strain - Prior L 2 burst fracture status post L 2 corpectomy, L 1 through L 3 fusion - Pelvic fracture with significant residuals - Hardware loosening of the pelvis with pelvic fracture mal-union - Bilateral lower extremity

fractures with ORIF (open reduction internal fixation) for the right medial malleolar fracture and ORIF of the left tibia - fibula fracture - Left lower extremity neurologic deficit unknown etiology. The injured worker was to remain off work until his next appointment. On 06/02/2014 the provider had requested the following: - EMG for bilateral lower extremities - Certification was not recommended for the following reasons: (1) "There are no physical findings noted that indicate any lumbar radiculopathy or peripheral neuropathy." (2) "There is no documentation of any diagnostic studies that have previously been performed." Guidelines cited were: ACOEM 2004, OMPG Low back, chapter 12, electromyography -MRI of the lumbar spine - Certification was not recommended for the following reasons: (1) "There are no physical findings noted that indicate any lumbar radiculopathy, myelopathy or other clinical condition for which lumbar MRI is medically necessary". Guidelines cited - Official Disability Guidelines (ODG) Indications for imaging. - CT scan of the pelvis - Certification was not recommended for the following reason: "There are no physical findings noted that indicate any pelvic condition for which CT scan is medically necessary at the present time." Guidelines - ODG, Hip/Pelvis, Indications for imaging .- Physical therapy for multiple body parts 3 times 6 - Certification was not recommended for the following reasons: "There is no documentation of any new residual deficits that warrant additional individual physical therapy. Appropriate ongoing treatment can be obtained with a home exercise program." Guidelines - MTUS chronic Pain. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography Bilateral 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. Decision based on Non-MTUS Citation Low Back

Decision rationale: Electromyography bilateral lower extremities is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that 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 ODG states that per the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) which recommends the following minimum standards for electrodiagnostic testing, the electrodiagnostic study should be medically indicated (i.e., to rule out radiculopathy, lumbar plexopathy, peripheral neuropathy). The documentation does not indicate weakness, sensory loss, or subjective/objective right lower extremity findings that would warrant electrodiagnostic testing of both lower extremities. The documentation indicates that patient has a left lower extremity neurologic deficit of unknown etiology but that the provider has just received 1000 pages of documentation of prior treatment. It is unclear whether not the patient has had prior electrodiagnostic testing. The request for electromyography bilateral lower extremities is not medically necessary.

Physical Therapy for multiple body parts; 3 x 6: Upheld

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

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

Decision rationale: Physical Therapy for multiple body parts; 3 x 6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The request as written does not specify which body part the therapy is for. The request for 18 visits exceeds the MTUS guidelines of up to 10 visits for myalgia/myositis and neuritis/radiculitis. Additionally, the patient has had prior therapy with no documentation of outcome of this therapy and the amount of therapy the patient has had. It is unclear why the patient cannot perform an independent home exercise program. For these reasons physical therapy for multiple body parts; 3 x 6 is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for Imaging (Magnetic Resonance Imaging)

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

Decision rationale: MRI of the lumbar spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that 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. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses. There is no documentation how an MRI would alter this treatment plan. The documentation indicates that the provider just received 1000 pages of pages of documentation of prior treatment. It is unclear whether not the patient has had prior lumbar imaging. The request for MRI of the lumbar spine is not medically necessary.

CAT Scan of the Pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Hip/Pelvis:Indications for Imaging (Computed Tomography)

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

Decision rationale: The MTUS ACOEM guidelines state that 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 (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The ODG states that a lumbar CT is not necessary unless there is lumbar trauma, myelopathy, a pars defect not identified on x-rays, or status post fusion if x-rays do not confirm a successful fusion. The documentation does not indicate new trauma or physical exam evidence of myelopathy or a possible pars defect on x-rays. The patient has already had 2 MRIs, a SPECT scan, and authorization for flexion/extension x-rays. There are no supporting physical exam findings which necessitate the addition of lumbar CT scanning. The request for CT of the lumbar spine without dye is not medically necessary.