

Case Number:	CM14-0133173		
Date Assigned:	08/22/2014	Date of Injury:	05/28/2002
Decision Date:	01/27/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/20/2014

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 Internal 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:

The injured worker (IW) is a 46-year-old woman with a date of injury of May 28, 2002. The mechanism of injury was not documented in the medical records. The injured worker's current diagnoses are chronic low back pain syndrome secondary to automobile injury in 2002; low back pain with pain going into the left lower extremity secondary to automobile injury and bilateral carpal tunnel compression neuropathy. The IW underwent multiple epidural steroid injections (ESI), but unfortunately developed difficulties with the epidurals. The ESIs were done without ultrasound guidance. Subsequently, the IW developed post epidural headaches. She required epidural patches. Pursuant to the progress note dated June 20, 2014, the IW reports moderate and persistent neck pain as well as upper extremity pain with numbness and tingling. Low back pain was severe with radiation of pain into the lower extremities. Left hip pain was also noted. X-rays of the left hip were obtained which showed normal findings. Objective physical findings were limited to that of a positive Tinel's sign at the inferior pine area. AN MRI of the cervical spine (dated June 17, 2014) revealed minimal spondylitis changes at the C4-C5, and C5-C6 level without evidence of any mass effect on the spinal cord or obvious significant foraminal spurs. An upper electrodiagnostic study (dated 2/6/2014) revealed a slightly abnormal NCV study of the left ulnar sensory nerve and an abnormal EMG study with spontaneous activity recorded from the left C5 myotome. AN EMG/NCV of the lumbar spine and lower extremities (dated 3/18/2014) revealed spontaneous activity correlative with stenosis and/or radiculopathy at L5 and S1. In a progress noted dated July 15, 2014, the provider reports that the IW has not been able to start therapy because of the "right date" from Workman's Compensation State Fund. Current medications include Lyrica, Soma, Hydrocodone, and Lidoderm patches. The current request is for 18 physical therapy sessions, EMG, X-ray of the left hip, anterior femoral block, and TFESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand Section, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines the Official Disability Guidelines, 18 physical therapy sessions are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The guidelines enumerate specific frequency and duration of physical therapy according to disease state. In this case, the injured worker is a 46-year-old woman with a date of injury May 28, 2002. The injured worker's working diagnoses are chronic low back pain syndrome secondary to automobile accident 2002; low back pain with radiation to the left lower extremity; and bilateral carpal tunnel compression neuropathy. There is documentation in the medical record indicating the injured worker was authorized for physical therapy. The documentation does not include the area or region or number of visits to be treated. In a July 2014 progress note physical therapy had not yet begun. The reasons were unclear. The guidelines state a six visit clinical trial appropriate prior to authorizing additional physical therapy. The treating physician requested 18 physical therapy sessions. Consequently, absent the appropriate clinical indications or clinical rationale for 18 sessions, 18 physical therapy sessions and not medically necessary.

Retrospective review for Electromyography DOS 6/20/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective review for EMG date of service June 20, 2014 is not medically necessary. Electrodiagnostic studies (EMG) are recommended as an option after closed fractures of distal radius and all the, if necessary to assess nerve injury. Testing includes nerve conduction velocities and possibly the addition of EMG. Electrodiagnostic testing is recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. In more difficult cases, EMG may be helpful. Guidelines specify EMG may confirm the diagnosis of carpal tunnel but maybe normal in early or mild cases. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment. In this case, the injured worker is 46 years old with the date of injury May

28, 2002. The injured worker's working diagnoses or chronic low back pain syndrome secondary to automobile accident 2002; low back pain with radiation to the left lower extremity; and bilateral carpal tunnel compression neuropathy. Injured worker underwent electrodiagnostic studies on February 6, 2014. The treating physician requested the EMG results from the injured worker. As of June 2014 there was no documentation of any progression of neurologic symptoms to warrant a follow-up electrodiagnostic study. Consequently, absent progression of the neurologic symptoms (relating to carpal tunnel syndrome), retrospective review for EMG date of service June 20, 2014 is not medically necessary.

Retrospective review of X-ray left hip DOS 6/20/2014: 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 and Pelvis (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hip and Pelvis Section, Radiographs (x rays).

Decision rationale: Pursuant to the Official Disability Guidelines, x-ray of the left hip date of service June 20, 2014 is not medically necessary. X-rays of the pelvis should be routinely obtained in patients sustaining a severe injury area. Thorough history taking is important in clinical assessment and treatment in the patient with chronic pain. Diagnostic studies should be ordered and not simply for screening purposes. In this case, the injured worker is 46 years old with the date of injury May 28, 2002. The injured worker's working diagnoses or chronic low back pain syndrome secondary to automobile accident 2002; low back pain with radiation to the left lower extremity; and bilateral carpal tunnel compression neuropathy. Documentation indicated the patient complained of left hip pain. However, there were no positive physical findings referable to the left hip. Additionally, there was no hip trauma. Consequently, absent the appropriate clinical documentation with an indication, x-rays of the left hip date of service June 20, 2014 is not medically necessary.

Retrospective review of Anterior Femoral nerve block DOS 6/20/2014: 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 (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hip and Pelvis Section, Femoral Nerve.

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective review anterior femoral nerve block date of service June 20, 2014 is not medically necessary. A femoral nerve block can interrupt sensory impulses from the hip joint and provide complete pain relief without affecting the central nervous system, thus making preoperative care easier and postoperative

rehabilitation can be started earlier. It provides adequate pain relief, equivalent to pharmacologic treatment. The guidelines indicate femoral nerve blocks are good alternatives to traditional pharmacologic preoperative treatment for patients with hip fractures. In this case, the injured worker is 46 years old with the date of injury May 28, 2002. The injured worker's working diagnoses or chronic low back pain syndrome secondary to automobile accident 2002; low back pain with radiation to the left lower extremity; and bilateral carpal tunnel compression neuropathy. There were no physical findings documented affecting the anterior femoral nerve distribution. There were no alterations and sensation. There was no evidence of fracture. Consequently, absent the appropriate clinical indications for an anterior femoral nerve block, retrospective review anterior femoral or walk date of service June 20, 2014 is not necessary.

Lumbar TFESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, Epidural Steroid Injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar transforaminal epidural steroid injection is not medically necessary. The guidelines enumerated criteria for the use of epidural steroid injections. The criteria include, but are not limited to, radiculopathy must be documented, objective findings on examination need to be present, radiculopathy must be corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment; etc. See the ODG for specific details. In this case, the injured worker is 46 years old with the date of injury May 28, 2002. The injured workers working diagnoses or chronic low back pain syndrome secondary to automobile accident 2002; low back pain with radiation to the left lower extremity; and bilateral carpal tunnel compression neuropathy. A January 23, 2014 progress note did not show any clinical objective evidence of radiculopathy on physical examination. Further review of the medical records did not show any clinical evidence of radiculopathy in the physical examination section. According to a January 23, 2014 progress note the injured worker had multiple epidurals but unfortunately, developed difficulties with the epidurals. She required epidural patches. Consequently, absent the appropriate clinical signs and symptoms, lumbar transforaminal epidural steroid injection or not medically necessary.