

Case Number:	CM14-0189503		
Date Assigned:	11/20/2014	Date of Injury:	04/02/2014
Decision Date:	01/20/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 4/2/14. A Utilization Review determination dated 11/10/14 recommends non-certification of cervical facet nerve block, EMG/NCS, MRIs, x-rays, right knee injection, medial branch block, and referral to orthopedic surgeon for right wrist/hand. Evaluation for cognitive behavioral therapy was partially certified. A medical report dated 10/23/14 identifies pain in the head, neck, low back, right shoulder, wrist, hand, hip, knee, and ankle. Pain radiated from the neck and back to the right upper and lower extremities respectively. There are headaches as well as numbness and tingling in the right arm and bilateral legs. There is weakness in the right arm, hand, and bilateral legs. He reports constipation and urinary incontinence. Medications included Hydrocodone, Ibuprofen, Naprosyn, Tylenol, Zolof, and Zostrix cream. No physical exam findings were noted. Urine drug screen is noted to be negative for all tested medications. Previous diagnostic workup has included unspecified MRIs, CTs, and x-rays. A course of physical therapy was said to provide moderate to excellent pain relief. He was seen by several providers include occupational health and orthopedics. He was seen by an orthopedic provider for the right hand and was given three trigger finger injections by that provider with mild pain relief. He also received steroid joint injections to the wrist. The provider had requested MRI scans of the right wrist. He was also seen by a neurologist and underwent EMG/NCV studies that revealed carpal tunnel syndrome. He had another course of physical therapy that provided moderate to excellent pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet nerve block C4, C5 and C6 right side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, Facet Joint Diagnostic Blocks, Facet Joint Pain Signs and Symptoms, Facet Joint Therapeutic Steroid Injections

Decision rationale: Regarding the request for cervical facet nerve block, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines state that no more than 2 joint levels are injected in one session. Within the documentation available for review, the patient is noted to have radiating pain, numbness, and tingling, but there is no indication of clinical and diagnostic testing ruling out radiculopathy. In the absence of clarity regarding these issues, the currently requested cervical facet nerve block is not medically necessary.

Evaluation for cognitive-behavioral therapy and pain coping skills training with a Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

Decision rationale: Regarding the request for psychological evaluation, MTUS Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Within the documentation available for review, there are no subjective complaints of psychological issues and no mental status exam to support the need for specialty evaluation. In the absence of such documentation, the currently requested psychological evaluation is not medically necessary.

EMG/NCS of Lower Right Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

Decision rationale: Regarding the request for EMG/NCS, MTUS ACOEM guidelines state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Official Disability Guidelines states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no current physical examination findings supporting a diagnosis of specific nerve compromise. In the absence of such documentation, the currently requested EMG/NCS is not medically necessary.

MRI of the Brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Head

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, CT (computed tomography) and MRI (magnetic resonance imaging)

Decision rationale: Regarding the request for MRI of the brain, California MTUS does not address the issue. Official Disability Guidelines cites that MRI is indicated to determine neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes super-imposed on previous trauma or disease. Within the documentation available for review, there is a notation of headaches, but is no current documentation of any neurologic deficits, and no clear rationale for the use of MRI of the brain has been presented, as the criteria outlined above have not been met. In light of the above issues, the currently requested MRI of the brain is not medically necessary.

MRI of the Cervical 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 - TWC Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: Regarding the request for cervical MRI, MTUS guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Within the documentation available

for review, there is no indication of any red flag diagnoses. Additionally, there is no current documentation of neurologic deficit or another rationale for the study, and the provider notes that prior MRIs have been done, although the body parts involved is not noted and the results/reports are not available for review. In the absence of clarity regarding the above issues, the requested cervical MRI is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC

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

Decision rationale: Regarding the request for lumbar MRI, MTUS 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 and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, the provider notes that prior MRIs have been done, although the body parts involved are not noted and the results/reports are not available for review. In the absence of clarity regarding the above issues, the requested lumbar MRI is not medically necessary.

MRI of the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-1, 13-3, and 343.

Decision rationale: Regarding the request for MRI right knee, the California MTUS and ACOEM guidelines note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the medical information made available for review, there is no documentation of locking, catching, or objective evidence of ligament injury on physical exam. Additionally, the provider notes that prior MRIs have been done, although the body parts involved are not noted and the results/reports are not available for review. In the absence of clarity regarding the above issues, the requested MRI of the right knee is not medically necessary.

X-ray series of the cervical spine with lateral flexion and extension views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Regarding request for cervical spine x-rays, ACOEM practice guidelines state that x-rays should not be recommended in patients with neck pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. Within the documentation available for review, there are no current findings consistent with red flags or another clear rationale for x-rays. Furthermore, the provider notes that prior x-rays have been done, although the body parts involved are not noted and the results/reports are not available for review. In the absence of clarity regarding the above issues, the requested cervical spine x-rays are not medically necessary.

X-ray series of the lumbar spine with lateral flexion and extension views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Regarding request for lumbar spine x-rays, ACOEM practice guidelines state that x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. Within the documentation available for review, there are no current findings consistent with red flags or another clear rationale for x-rays. Furthermore, the provider notes that prior x-rays have been done, although the body parts involved are not noted and the results/reports are not available for review. In the absence of clarity regarding the above issues, the requested lumbar spine x-rays are not medically necessary.

X-ray of the right knee to include weight bearing views and sunrise views of the patella: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: Regarding the request for x-rays of the right knee, ACOEM guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. They support the use of x-rays for joint effusion within 24 hours of trauma, palpable tenderness over the fibular head or patella, inability to walk 4 steps or bear weight immediately within a week of trauma, and inability to flex the knee to 90 degrees.

Within the documentation available for review, none of the mentioned criteria have been met. Furthermore, the provider notes that prior x-rays have been done, although the body parts involved are not noted and the results/reports are not available for review. In the absence of clarity regarding the above issues, the requested x-rays of the right knee are not medically necessary.

Right knee injection, local steroid: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Corticosteroid injections

Decision rationale: The California MTUS and ACOEM state that invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Official Disability Guidelines states that intra-articular corticosteroid injections are recommended for symptomatic severe osteoarthritis of the knee. Within the documentation available for review, there are no clinical and imaging findings suggestive of osteoarthritis and no clear rationale for the procedure has been presented. In light of the above issues, the currently requested right knee steroid injection is not medically necessary.

Medial branch block L3, L4, L5, and sacral ala right side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for lumbar medial branch blocks, MTUS Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. Official Disability Guidelines state that medial branch blocks may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, the patient is noted to have radiating pain, numbness, and tingling, but there is no indication of clinical and diagnostic testing ruling out radiculopathy. In the absence of clarity regarding these issues, the currently requested lumbar medial branch blocks are not medically necessary.

Referral to orthopedic surgeon for right wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, page 127

Decision rationale: Regarding the request for referral to orthopedic surgeon for right wrist/hand, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has been seen previously by the orthopedic surgeon and multiple trigger finger and wrist injections have been performed. There is no current documentation of the patient's response to the injections and any current findings suggestive of the need for following up with orthopedics at this point. In light of the above issues, the currently requested referral to orthopedic surgeon for right wrist/hand is not medically necessary.