

Case Number:	CM14-0190167		
Date Assigned:	02/12/2015	Date of Injury:	05/17/2012
Decision Date:	04/23/2015	UR Denial Date:	10/27/2014
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. 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 52 year old female, who sustained an industrial injury on May 17, 2012. She has reported lowering herself down in a chair when it collapsed onto its lowest point, jarring her spine. The diagnoses have included lumbar spine sprain/strain with bilateral lower extremity radiculitis and bilateral sacroiliac joint sprain, cervical spine sprain/strain with bilateral upper extremity radiculitis, bilateral shoulder sprain/strain, bilateral wrist sprain/strain, thoracic spine sprain/strain, stress, anxiety, sleep difficulty, bilateral knee sprain, cervical spine multilevel disc dessication, and lumbar spine disc dessication. Treatment to date has included physical therapy, aquatic therapy, and medications. Currently, the injured worker complains of neck and low back pain with bilateral upper and lower extremity numbness and tingling. The Primary Treating Physician's report dated October 7, 2014, noted the injured worker reporting minimal improvement with aquatic therapy. The cervical spine was noted to have tenderness to palpation with muscle spasms to the bilateral paravertebral musculature, with the lumbar spine showing tenderness to palpation with muscle spasms of the bilateral paravertebral musculature. The injured worker was noted to have positive straight leg raise of the bilateral lower extremities, and decreased active range of motion (ROM) of the cervical and lumbar spine. On October 27, 2014, Utilization Review non-certified aqua therapy to the neck, low back, knees, and shoulders, electromyography (EMG)/nerve conduction velocity (NCV) of the bilateral upper extremities, electromyography (EMG)/nerve conduction velocity (NCV) of the bilateral lower extremities, MRI cervical spine, MRI lumbar spine, US bilateral knees, and a psych consult, noting they were not medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines, the Official

Disability Guidelines (ODG), and the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines were cited. On November 13, 2014, the injured worker submitted an application for IMR for review of aqua therapy to the neck, low back, knees, and shoulders, electromyography (EMG)/nerve conduction velocity (NCV) of the bilateral upper extremities, electromyography (EMG)/nerve conduction velocity (NCV) of the bilateral lower extremities, MRI cervical spine, MRI lumbar spine, US bilateral knees, and a psych consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy- neck, low back, knees and shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: Per the MTUS, Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable for example in extreme obesity. Recommendations on the number of supervised visits were according to physical medicine guidelines. A review of the injured workers medical records show that she has already had 8 sessions of physical therapy and aquatic therapy and it was reported that she had minimal improvement with aquatic therapy. It would appear that the injured worker is not having a satisfactory response to aquatic therapy therefore the request for aquatic therapy is not medically necessary.

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 269 and 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic)/ Electrodiagnostic studies, Nerve conduction studies.

Decision rationale: Per ACOEM in the MTUS, most patients presenting with true neck and upper back problems do not need special studies until a 3-4 week period of conservative care fails to improve symptoms, most patients improve quickly once red-flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag , physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. Physiologic evidence

may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persists. When the neurological examination is less clear, however further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck and or arm symptoms lasting more than 3-4 weeks. Per the ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. A review of the injured workers medical records that are available to me reveal that she has clear subjective and objective findings of radiculopathy and electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, therefore the request for EMG/NCV bilateral upper extremities is not medically necessary.

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 269 and 272.

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 - Lumbar & Thoracic (Acute & Chronic) / Electrodiagnostic Studies, (EMG) Electromyography, Nerve Conduction Studies(NCS).

Decision rationale: Per the MTUS, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Per the ODG, EMG's are not necessary if radiculopathy is already clinically obvious. NCS are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records reveal that radiculopathy is already clinically obvious, therefore based on the injured workers clinical presentation and the guidelines the request for EMG/NCV bilateral lower extremities is not medically necessary.

MRI cervical spine: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Per ACOEM in the MTUS, most patients presenting with true neck and upper back problems do not need special studies until a 3-4 week period of conservative care fails to improve symptoms, most patients improve quickly once red-flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persists. A review of the injured workers medical record do not show emergence of a red flag or that she meets the above referenced criteria for imaging and therefore the request for MRI cervical spine is not medically necessary.

MRI lumbar spine: 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): 303-305.

Decision rationale: The MTUS/ ACOEM states that lumbar spine imaging 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 six weeks. However it may be appropriate when the physician believes it would aid in patient management. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion and should be reserved for cases in which surgery is considered or red-flag diagnoses are being considered. A review of the injured workers medical records that are available to me show that there has been no emergence of any red-flags that would warrant imaging, there was also no documentation of surgical considerations and therefore based on the injured workers clinical presentation and the guidelines the request for MRI of lumbar spine is not medically necessary at this time.

US bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341 and 348-350.

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

Decision rationale: Per the MTUS/ ACOEM, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. most knee problems improve quickly once any red flags are ruled out. For patients with significant hemarthrosis and a history of acute trauma radiography is indicated to evaluate for fracture. Reliance on imaging studies carries a significant risk of diagnostic confusion because of the possibility of identifying a problem that was present before symptoms began, when imaging is warranted MRI is the preferred option. A review of the injured workers medical records do not show that she meets the above referenced criteria for imaging and therefore the request for US bilateral knees is not medically necessary.

Psych consult: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological evaluations Page(s): 100-101.

Decision rationale: The MTUS recommends psychological evaluations especially in chronic pain patients. The interpretation of the evaluation should provide clinicians with a clear understanding of the patient in their social environment, thus allowing for more effective rehabilitation. Therefore based on the injured workers clinical presentation and the guidelines the request for Psych consult is medically necessary.