

<b>Case Number:</b>	CM14-0054337		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/01/2010
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 5/1/10-2/4/14. A utilization review determination dated 4/3/14 recommends non-certification of EMG/NCV, x-rays, Functional Capacity Evaluation (FCE), and a medication consultation. Twelve Physical Therapy and twelve chiropractic sessions were modified to five physical therapy sessions and six chiropractic sessions. A chiropractic report dated 3/18/14 identifies pain in the bilateral ankles/feet, right wrist, lumbar spine radiating to legs, and neck. On exam, there is limited range of motion (ROM), tenderness, unspecified decreased sensation, positive straight leg raise (SLR), and positive Kemp's.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Physical Therapy Visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369, 376. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines

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

**Decision rationale:** Regarding the request for physical therapy, the MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active

therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is no indication of prior physical therapy and a short course of physical therapy may be appropriate. However, the request exceeds the amount of physical therapy recommended by the California MTUS. In light of the above issues, the currently requested physical therapy is not medically necessary.

## **12 Chiropractic Visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-9. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** Regarding the request for chiropractic care, the MTUS Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is no indication of prior sessions and a trial of 6 sessions may be appropriate. However, the currently requested 12 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits. In light of the above issues, the currently requested chiropractic care is not medically necessary.

## **Nerve Conduction Velocity (NCV) of the Upper and Lower Extremities: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 182, 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies and Low Back Chapter, Electrodiagnostic Studies

**Decision rationale:** Regarding the request for NCV, the California MTUS and ACOEM state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four 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 physical examination findings identifying focal neurologic deficits in the upper and lower extremities for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested NCV is not medically necessary.

## **Electromyogram (EMG) of the Upper and Lower Extremities: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 182, 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies and Low Back Chapter, Electrodiagnostic Studies

**Decision rationale:** Regarding the request for EMG, the California MTUS and ACOEM state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. They go on to 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. Within the documentation available for review, there are no physical examination findings identifying focal neurologic deficits in the upper and lower extremities for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested EMG is not medically necessary.

## **Cervical spine x-ray: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

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

**Decision rationale:** Regarding request for the cervical spine x-ray, the California MTUS and ACOEM note that x-rays should not be recommended in the absence of red flags for serious pathology even if the pain has persisted for at least 6 weeks. Within the documentation available for review, there is no indication of any red flags, recent trauma, failure of initial conservative treatment (the requests were made at the provider's initial visit with the patient), or another clear rationale for the studies. In the absence of clarity regarding those issues, the currently requested cervical spine x-ray is not medically necessary.

## **Functional Capacity Evaluation for the cervical spine, lumbar spine, right wrist and bilateral ankle and foot: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation

**Decision rationale:** Regarding request for functional capacity evaluation, MTUS ACOEM guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. Official Disability Guidelines states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that the patient is at or near maximum medical improvement with case management being hampered by complex issues as described above. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.

**Medication Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 137-8

**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 medication consultation, the 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 ongoing pain. Medications are indicated to help manage pain, but the prescription of medication is outside of the provider's scope of practice as a chiropractor. In light of the above, the currently requested medication consultation is medically necessary.

**Lumbar Spine X-Ray:** Upheld

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

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

**Decision rationale:** Regarding request for the lumbar spine x-ray, the California MTUS and ACOEM note that x-rays should not be recommended in the absence of red flags for serious pathology even if the pain has persisted for at least 6 weeks. Within the documentation available for review, there is no indication of any red flags, recent trauma, failure of initial conservative

treatment (the requests were made at the provider's initial visit with the patient), or another clear rationale for the studies. In the absence of clarity regarding those issues, the currently requested lumbar spine x-ray is not medically necessary.

**Right Wrist X-Ray: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268, 272.

**Decision rationale:** Regarding request for the right wrist x-ray, the California MTUS and ACOEM note that x-rays should not be recommended in the absence of red flags for serious pathology even if the pain has persisted for at least 6 weeks. Within the documentation available for review, there is no indication of any red flags, recent trauma, failure of initial conservative treatment (the requests were made at the provider's initial visit with the patient), or another clear rationale for the studies. In the absence of clarity regarding those issues, the currently requested right wrist x-ray is not medically necessary.

**Bilateral Ankle and Foot X-Rays: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-4.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-4.

**Decision rationale:** Regarding request for the bilateral ankle and foot x-rays, the California MTUS and ACOEM note that x-rays should not be recommended in the absence of red flags for serious pathology even if the pain has persisted for at least 6 weeks. Within the documentation available for review, there is no indication of any red flags, recent trauma, failure of initial conservative treatment (the requests were made at the provider's initial visit with the patient), or another clear rationale for the studies. In the absence of clarity regarding those issues, the currently requested bilateral ankle and foot x-rays are not medically necessary.