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| <b>Case Number:</b>   | CM15-0004170 |                              |            |
| <b>Date Assigned:</b> | 01/15/2015   | <b>Date of Injury:</b>       | 12/10/2013 |
| <b>Decision Date:</b> | 03/23/2015   | <b>UR Denial Date:</b>       | 12/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/08/2015 |

### 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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 28-year-old male who reported an injury on 12/10/2013. The mechanism of injury involved a motor vehicle accident. The current diagnoses include cervical myalgia, cervical myospasm, cervical radiculitis/neuritis, lumbar myalgia, lumbar myospasm, lumbar neuritis/radiculitis and left knee internal derangement. The injured worker presented on 11/18/2014, with complaints of intermittent neck pain, low back pain and left knee pain. Previous conservative treatment includes physical therapy and chiropractic treatment. Upon examination of the cervical spine, there was tenderness and guarding noted in the paravertebral region and upper trapezius muscles bilaterally. Manual muscle testing revealed 4/5 weakness. Range of motion was restricted due to pain and spasm. Neurological examination was within normal limits. On examination of the lumbar spine, there was tenderness and guarding noted in the paravertebral and spinous processes bilaterally. Manual muscle testing revealed 4/5 weakness. Range of motion was restricted due to pain and spasm. Neurological was within normal limits. On examination of the left knee, there was tenderness noted over the medial and lateral joint lines. Crepitation was noted. Manual muscle testing revealed 5/5 strength with flexion and extension. Range of motion was normal. It was noted that the injured worker underwent an MRI of the cervical spine and lumbar spine on 03/20/2014. Recommendations included an MRI of the left knee, electrodiagnostic studies of the bilateral upper and lower extremities, physical therapy 3 times per week for 4 weeks and the cervical and lumbar spine MRI reports for review. A Request for Authorization form was then submitted on 11/21/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left knee:** Upheld

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

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. According to the documentation provided, the injured worker has participated in a previous course of physical therapy. However, it is unclear whether the physical therapy was for the left knee, cervical spine or lumbar spine. There were no red flags noted on physical examination. The injured worker had normal range of motion and 5/5 motor strength. The medical necessity has not been established in this case. As such, the request is not medically appropriate at this time.

**EMG/NCV of the bilateral upper and lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 303-305.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. Additionally, California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There is no documentation of cervical or lumbar radiculopathy upon examination. Additionally, it is noted that the injured worker has previously completed an electrodiagnostic study of the upper and lower extremities. The medical necessity for additional testing has not been established in this case. As such, the request is not medically appropriate at this time.

**Physical therapy for the cervical and lumbar spine and left knee, three times weekly for four weeks:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. For unspecified myalgia and myositis treatment includes 9 to 10 visits over 8 weeks. For unspecified neuralgia, neuritis and radiculitis, treatment includes 8 to 10 visits over 4 weeks. The current request for 12 sessions of physical therapy would exceed guideline recommendations. There was no documentation of the previous course of physical therapy with evidence of objective functional improvement. Therefore, the request is not medically appropriate at this time.

**MRI of the cervical spine:** Upheld

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

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. According to the documentation provided, the injured worker underwent cervical and lumbar MRIs on 03/20/2014. There is no documentation of a progression or worsening of symptoms or physical examination findings to support the necessity for repeat imaging. As such the medical necessity has not been established, the request is not medically appropriate at this time.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. According to the documentation provided, the injured worker underwent an MRI of the lumbar spine on 03/20/2014. There is no documentation of a progression or worsening of symptoms or physical examination findings. The medical necessity for repeat imaging has not been established in this case. Therefore, the request is not medically appropriate.