

<b>Case Number:</b>	CM15-0012914		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	09/15/1999
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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 61 year-old male who has reported mental illness and neck, back, upper extremity, and knee pain after an injury on 09/15/99, the injury apparently being one of the gradual onset of symptoms attributed to usual work. The diagnoses have included cervical/lumbar discopathy, cervicgia, rule out internal derangement of the knees, cubital tunnel syndrome, and status post bilateral carpal tunnel releases. Treatment has included wrist surgeries, left knee surgery, medications, physical therapy, psychotherapy, and 8 epidural steroid injections. Records from physicians prior to the current primary treating physician do not show any signs of radiculopathy or significant issues with the right knee. The current primary treating physician, an orthopedic surgeon, began seeing this injured worker on 10/21/14. On that date there was a report of multifocal pain. There were no neurological deficits and no specific neurological symptoms. Spine radiographs showed spondylosis of the neck and low back. The knee radiographs showed degenerative joint disease. The treatment plan included referral for left knee replacement, physical therapy, medications, and no further epidural steroid injection. The physician noted that he did not have any records to review. Per the PR2 of 11/14/2014, there was head, neck, back and knee pain. There is pending left knee replacement. Pain and paresthesias radiate from the neck to both upper extremities, and from the back down both lower extremities. There was pain in the elbows, wrists, and hands. There was tingling in a C5-7 dermatomal pattern and 4/5 weakness in a C5-7 pattern. There was tenderness of the neck, head, and upper back. The low back was tender with paresthesias and weakness in an L4-S1 pattern. There was bilateral knee tenderness with crepitus. The treatment plan included MRI cervical spine, MRI

lumbar spine, MRI right knee, and electrodiagnostic testing of the bilateral upper and lower extremities. On 12/22/2014 Utilization Review non-certified MRIs of cervical and lumbar spine, MRI MRI of the right knee, and electrodiagnostic testing of the upper and lower extremities. The MTUS, ACOEM, and the Official Disability Guidelines were cited by Utilization Review. Note was made by Utilization Review of the lack of change since the last MRI in 2011, the lack of any clinical utility for electrodiagnostic testing, and the overall lack of indications for testing.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): (s) 177-178, 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182.

**Decision rationale:** The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for red flag conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. This injured worker had no objective evidence of any of these conditions or indications for an invasive procedure. The treating physician did not document any specific neurological deficits or other signs of significant pathology at the initial visit. The second visit resulted in a change in physical findings, as there were now reported to be non-specific changes in a regional distribution in the extremities. These changes were not reported by other evaluators previously. It remains questionable that these changes represent a significant finding, and whether these are changes which will persist. Per the MTUS, imaging is not generally necessary absent a 3-4 week period of conservative care. The treating physician did not describe an adequate course of conservative care prior to prescribing an imaging study and did not review any prior records. Given that there will be no further epidural steroid injections and that there are no clear indicators for surgery, it is not apparent that an MRI has any clinical utility in this case. The MRI of the cervical spine is not medically necessary based on the recommendations in the MTUS.

#### **MRI of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): (s) 177-178, 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Thoracic, lumbar.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Repeat MRI.

**Decision rationale:** The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for red flag conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. Per the Official Disability Guidelines citation above, imaging for low back pain is not beneficial in the absence of specific signs of serious pathology. Repeat imaging should be based on the presence of new symptoms and signs. This injured worker had no objective evidence of any of these conditions or indications for an invasive procedure. The treating physician did not document any specific neurological deficits or other signs of significant pathology at the initial visit. The second visit resulted in a change in physical findings, as there were now reported to be non-specific changes in a regional distribution in the extremities. These changes were not reported by other evaluators previously. It remains questionable that these changes represent a significant finding, and whether these are changes which will persist. Per the MTUS, imaging is not generally necessary absent a 3-4 week period of conservative care. The treating physician did not describe an adequate course of conservative care prior to prescribing an imaging study and did not review any prior records. The records refer to a prior MRI and the treating physician did not review that study and explain why a repeat test was needed. Given that there will be no further epidural steroid injections and that there are no clear indicators for surgery, it is not apparent that an MRI has any clinical utility in this case. The MRI of the lumbar spine is not medically necessary based on the recommendations in the MTUS and the Official Disability Guidelines.

**MRI of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for imaging, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 332-335, 341, 343, 344-345, 347.

**Decision rationale:** Per the ACOEM Guidelines Page 341, special studies are not needed to evaluate most knee conditions until after a period of conservative care and observation. The available reports do not adequately explain the kinds of conservative care already performed. The reports do not discuss the history of the knee pain and its clinical course over the years since onset. There was nothing in the recent radiographs to indicate the immediate need for an MRI. The clinical findings were consistent with degenerative joint disease for which surgery is not required other than when end stage. There are no apparent surgical indications now. The MRI of the right knee is not medically necessary based on the cited guidelines, the lack of a sufficient clinical evaluation, and the lack of apparent need to further evaluate degenerative joint disease with this modality.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): (s) 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrodiagnostic testing.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182; 268 and 272.

**Decision rationale:** There are no reports from the prescribing physician which adequately describe neurologic findings that necessitate electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. The treating physician did not review prior records to determine if there was any change from the conditions which have been present for years. Prior test results were not reviewed, and repeating tests would be needed only if there were to be significant changes since the last test. There is no need for further epidural steroid injection and no current indications for neck surgery, making the EMG not medically necessary. Any need for an NCV would depend on significant, new clinical changes since the last tests and a review of specific treatment provided previously. The current physician did not provide this information and did not review any records. The current clinical findings are ambiguous, may be transitory, and do not represent specific and significant pathology, as discussed in the MRI sections above. Based on the current clinical information, there is not sufficient medical necessity for electrodiagnostic testing of the upper extremities.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrodiagnostic testing.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 303, 309; 343; 366, 377.

**Decision rationale:** There are no reports from the prescribing physician which adequately describe neurologic findings that necessitate electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. The treating physician did not review prior records to determine if there was any change from the conditions which have been present for years. Prior test results were not reviewed, and repeating tests would be needed only if there were to be significant changes since the last test. There is no need for further epidural steroid injection and no current indications for surgery, making the EMG not medically necessary. Any need for an NCV would depend on significant, new clinical changes since the last tests and a review of specific treatment provided previously. The current physician did not provide this information and did not review any records. The current clinical findings are ambiguous, may be transitory, and do not represent specific and significant pathology, as discussed in the MRI sections above. An NCV is not required for the diagnosis of radiculopathy. Based on the current clinical information, there is not sufficient medical necessity for electrodiagnostic testing.

