Case Number:	CM15-0129194		
Date Assigned:	07/21/2015	Date of Injury:	01/10/2014
Decision Date:	11/03/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/02/2015

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: Oregon
Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 51-year-old male worker who was injured on 1-10-2014. The medical records indicated the injured worker (IW) was treated for sub-acute traumatic moderate repetitive cervical spine sprain, strain; neck pain; posterior disc bulge at C3-4 through C6-7; sub-acute traumatic moderate repetitive lumbar spine sprain, strain; low back pain; posterior disc bulge at L1-2 through L5-S1; sub-acute traumatic moderate repetitive left shoulder sprain, strain; sub-acute traumatic moderate repetitive left elbow sprain, strain; sub-acute traumatic moderate repetitive right knee sprain, strain; anxiety, depression, stress with associated mood swings and irritability; and nightly sleep disturbances. The progress notes (3-30-15 to 5-21-15) indicated the IW had neck pain, left shoulder and elbow pain, low back pain and right knee pain rated 6 to 8 out of 10. His pain was stable. He had previous chiropractic care, with benefit, and physiotherapy. He also had at least three extracorporeal shockwave therapy sessions for the lumbar spine. He was on modified duty. On physical examination (4-2-15 and 5-21-15) no changes were noted. Tenderness, spasticity and decreased ranges of motion were noted in the cervical and lumbar spine, with pain on flexion and extension of each. The left shoulder was tender to palpation with slight spasticity, and range of motion (ROM) was decreased by 15%. The left elbow exhibited tenderness and Tinel's sign was positive. ROM was within normal limits, but painful. The right knee was slightly swollen, tender with decreased ROM. Electrodiagnostic testing of the bilateral upper extremities on 6-11-15 was normal. MRIs of the cervical and lumbar spine were performed 5-12-15 and 4-21-15, respectively. There were also recent MRIs of the left shoulder, left elbow and right knee submitted for review. A Request for Authorization was received for

eight physiotherapy sessions, eight acupuncture sessions, eight chiropractic sessions, MRI of the cervical spine, MRI of the lumbar spine, MRI of the left shoulder, MRI of the left elbow, MRI of the right knee, continued psychological care with a psychiatrist, electromyography (EMG) of the left and right upper extremity, nerve conduction velocity (NCV) testing of the left and right upper extremity, somatosensory evoked potential (SSEP) testing of the left upper extremity and right upper extremity, six work conditioning sessions and six work hardening sessions. The Utilization Review on 6-22-15 modified the request for eight acupuncture sessions to allow six sessions, per CA Acupuncture Medical Treatment Guidelines; the remaining requests, eight physiotherapy sessions, eight chiropractic sessions, MRI of the cervical spine, MRI of the lumbar spine, MRI of the left shoulder, MRI of the left elbow, MRI of the right knee, continued psychological care with a psychiatrist, electromyography (EMG) of the left and right upper extremity, nerve conduction velocity (NCV) testing of the left and right upper extremity, somatosensory evoked potential (SSEP) testing of the left upper extremity and right upper extremity, six work conditioning sessions and six work hardening sessions were non-certified, as the CA MTUS Chronic Pain Medical Treatment Guidelines, ACOEM guidelines and Official Disability Guidelines - Treatment in Workers' Comp (ODG-TWC) were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight physiotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic (Acute & Chronic), Physical Therapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic).

Decision rationale: According to the Official Disability Guidelines, physical therapy guidelines, recommends 10 visits over 8-weeks for lumbar sprains and strains; and 10 visits over 5-weeks for sprains and strains of unspecified parts of back. The records do not document the specific indications for treatment. Moreover, the patient has had an unspecified number of treatments and remains symptomatic. Without clear documentation of the indications for additional therapy, the request is not medically necessary.

Eight acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to the Acupuncture Treatment 2007 Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the

insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture with electrical stimulation" is the use of electrical current (micro-amperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments; (2) Frequency: 1 to 3 times per week; (3) Optimum duration: 1 to 2 months. MTUS Guidelines supports up to six treatments. The request for eight treatments exceeds the guidelines. Therefore, the request is not medically necessary.

Eight chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the Chronic Pain Medical Treatment 2009 Guidelines, manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. MTUS Guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The request for eight visits exceeds the MTUS guidelines. Therefore, the request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM Practice Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding

next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). In this case, the records do not document longstanding problems with neck pain or failure of conservative treatment for neck pain. Criteria for ordering imaging studies include an 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 for clarification of the anatomy prior to an invasive procedure. The records do not document red flag, cervical tissue insult, and failure to progress in a strengthening program or a planned surgical procedure. Therefore, the request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM Practice Guidelines, magnetic resonance (MR) neurography may be useful in isolating diagnoses that do not lend themselves to back surgery, such as sciatica caused by piriformis syndrome in the hip. However, MR Neurography is still new and needs to be validated by quality studies. In this case, the patient has had prior MRI studies. The records do not document any recent change in symptoms to justify a repeat MRI. Therefore, the request is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.
Decision rationale: According to the ACOEM Practice Guidelines, the primary criteria for ordering imaging studies includes emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); failure to progress in a strengthening program intended to avoid surgery; and for clarification of the anatomy prior to an invasive procedure (e.g., a full- thickness rotator cuff tear not responding to conservative treatment). The patient has new onset shoulder pain, but the records do not document any of these specific indications for MRI study for this patient. The records do not document a red flag, nerve dysfunction, failure of medical management or a planned surgical procedure. Therefore, the request is not medically necessary.

MRI of the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Diagnostic Criteria.

Decision rationale: According to the ACOEM Practice Guidelines, criteria for ordering imaging studies includes the emergence of a red flag; failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed; and if the imaging study results will substantially change the treatment plan. For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. The patient has elbow pain but the records do not document four weeks of conservative care or emergence of a red flag. Therefore, the request is not medically necessary.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM Practice Guidelines, reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or over-diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. In this case, the records do not document concern regarding an ACL tear. The ACOEM guidelines for knee MRI are not met. Therefore, the request is not medically necessary.

Continued psychological care with a psychiatrist: 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 127.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach.

Decision rationale: According to the ACOEM Practice Guidelines, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to position a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work. Collaboration with the employer and insurer is necessary to design an action plan to address multiple issues, which may include arranging for an external case manager. The physician can function in this role, but it may require some discussion to insure compensation for assuming this added responsibility. The patient has been evaluated by a mental health specialist and has been diagnosed with an adjustment disorder with anxiety. Treatment of the adjustment disorder is appropriate to facilitate return to work and activities. Therefore, the request is medically necessary.

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM Practice Guidelines, electromyography (EMG), and nerve conduction velocities (NCV), 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The indications for EMG and NCV testing of the left arm are not clearly defined in the records. The patient has clinical signs of nerve irritation (Tinel testing) but detailed neurologic examination documenting a need for left upper extremity EMG is not provided. Therefore, the request is not medically necessary.

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM Practice Guidelines, electromyography (EMG), and nerve conduction velocities (NCV), 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The indications for EMG and NCV testing of the right arm are not clearly defined in the records. The patient has clinical signs of nerve irritation (Tinel testing) but detailed neurologic examination documenting a need for right upper extremity EMG is not provided. Therefore, the request is not medically necessary.

NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM Practice Guidelines, electromyography (EMG), and nerve conduction velocities (NCV), 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The indications for EMG and NCV testing of the left arm are not clearly defined in the records. The patient has clinical signs of nerve irritation (Tinel testing) but detailed neurologic examination documenting a need for left upper extremity NCV is not provided. Therefore, the request is not medically necessary.

NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM Practice Guidelines, electromyography (EMG), and nerve conduction velocities (NCV), 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis

or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The indications for EMG and NCV testing of the right arm are not clearly defined in the records. The patient has clinical signs of nerve irritation (Tinel testing) but detailed neurologic examination documenting a need for right upper extremity NCV is not provided. Therefore, the request is not medically necessary.

SSEP left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM Practice Guidelines, an assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. The records do not document a specific concern regarding spinal stenosis or spinal cord myelopathy. The ACOEM indications for SSEP are not met. Therefore, the request is not medically necessary.

SSEP right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM Practice Guidelines, an assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. The records do not document a specific concern regarding spinal stenosis or spinal cord myelopathy. The ACOEM indications for SSEP are not met. Therefore, the request is not medically necessary.