

Case Number:	CM15-0136782		
Date Assigned:	07/30/2015	Date of Injury:	03/10/2015
Decision Date:	09/15/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/14/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 64 year old male, who sustained an industrial injury on 03-10-2015. He has reported subsequent neck and low back pain and was diagnosed with cervical and lumbar sprain and strain. Treatment to date has included pain medication, Cortisone injections and surgery. The only medical documentation submitted is a QME report dated 04-21-2015. At this time, the injured worker reported severe neck pain radiating to the upper back, severe upper back pain radiating to the lower back and shoulders, severe pain in the low back associated with numbness, dull pain in the left leg and severe right knee and ankle pain. Objective findings were notable for spasm and tenderness in the cervical and lumbar paraspinal muscles, restricted range of motion of the cervical spine and lumbar spine and tenderness to palpation of the right knee and ankle. Work status was modified. A request for authorization of 24 visits of physical therapy, EMG/NCS of the bilateral lower and upper extremities, MRI of the cervical spine, lumbar spine, right knee and right ankle, Omeprazole DR 20 mg #30 with 2 refills and right knee brace was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 24 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 173-175, 298-301, 337-339, 369-371, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Physical Therapy Low back Chapter, Physical Therapy Knee Chapter, Physical Therapy Ankle and Foot Chapter, Physical Therapy.

Decision rationale: As per CA MTUS guidelines for physical medicine "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. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ACOEM guidelines for the neck and upper and low back indicate that 1-2 physical therapy visits are recommended for education, counseling and evaluation and home exercise and ACOEM guidelines for the knee and ankle indicate that a few visits of physical therapy can be approved for education regarding an exercise program. As per ODG, physical therapy can be beneficial for the neck and low back and the recommendation for a diagnosis of lumbar and cervical sprains and strains is 10 visits over 8 weeks. ODG recommends 12 visits of physical therapy over 8 weeks for knee sprain and strain and 9 visits over 8 weeks for ankle sprain. There is no indication that the injured worker had previously received physical therapy so this is being considered an initial request. The request for physical therapy exceeds the recommended MTUS and ODG guidelines for treatment. There are no extenuating circumstances documented to warrant physical therapy visits over the recommended treatment guidelines. Therefore, the request is not medically necessary.

EMG/NCS bilateral lower extremities: 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.

Decision rationale: As per ACOEM guidelines, electromyography (EMG) and nerve conduction velocities (NCV) may be warranted to help detect subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. The documentation submitted is minimal and consists only of a QME report dated 04-21-2015. There is insufficient evidence of a 3-4 week history of low back complaints due to the lack of documentation submitted. The patient did report constant back pain with numbness but there was little indication of neurologic dysfunction. Therefore, the request for EMG/NCV of the bilateral lower extremities is not medically necessary.

EMG/NCS bilateral upper extremities: Upheld

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

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

Decision rationale: As per ACOEM guidelines, electromyography (EMG) and nerve conduction velocities (NCV) may be warranted to help detect subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3-4 weeks. The documentation submitted is minimal and consists only of a QME report dated 04-21-2015. There is insufficient evidence of a 3-4 week history of neck and arm complaints due to the lack of documentation submitted and there is no evidence of neurologic dysfunction. Sensory, motor and reflex testing was normal. The documentation is insufficient to establish the medical necessity of the requested service. Therefore, the request for EMG/NCV of the upper extremities is not medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version, Neck & Upper Back, Magnetic Resonance Imaging (MRI).

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

Decision rationale: As per ACOEM guidelines, criteria for ordering imaging studies of the neck would be the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program that is intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. MRI may be recommended to evaluate red flag diagnoses or to validate nerve root compromise based on clear clinical findings in preparation for an invasive procedure. The documentation submitted didn't show evidence of red flag conditions or nerve root compromise. No sensory or motor deficits were observed in the cervical spine or upper extremities and there was no indication of a plan to proceed with a surgical procedure. Therefore, the request for MRI of the cervical spine is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter, MRI's.

Decision rationale: As per ACOEM guidelines, objective findings that identify specific nerve compromise on neurological examination may warrant lumbar imaging in those who don't respond to treatment and for whom surgery is an option but when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. As per ODG, MRI of the low back can be indicated for uncomplicated low back pain with radiculopathy after at least 1 month of conservative therapy or sooner if severe or progressive neurologic deficit is present. The most recent examination showed no evidence of red flag conditions or any indication that the injured worker was being considered for surgery. The documentation in the medical record is minimal and it's unclear as to whether there was a progression of symptoms and how long back pain was present. There was no documentation from the physician as to why the testing was ordered. Therefore documentation is insufficient to establish medical necessity and the request for MRI of the lumbar spine is not medically necessary.

MRI right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, MRI's.

Decision rationale: As per ACOEM, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation but can be recommended for red flag conditions such as fracture, neurologic deficit, tumor, infection or acute trauma. There was palpable tenderness documented over the medial joint line of the right knee but range of motion was within normal limits and there was no documentation of joint effusion, neurologic deficit or a limping gait. The physician did not document concern for the above red flag conditions. As per ODG, for non-traumatic knee pain, indications for an MRI would be the presence of non-diagnostic radiographs. There is no indication that the injured worker had prior imaging studies of the knee and if so what the results of those studies had been. The documentation submitted is insufficient to establish medical necessity and the request for MRI of the right knee is not medically necessary.

MRI right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

Decision rationale: As per ACOEM guidelines, for most cases of foot and ankle disorders, special studies are not needed until a prior of conservative care and observation has occurred. Imaging is not recommended in the first month of activity limitation except when a red flag is noted. Disorders of soft tissue yield negative radiographs and do not warrant other studies such as MRI. The documentation submitted is minimal and the duration of time right ankle pain has been present is unclear. The examination findings showed pain in the right ankle with tenderness to palpation but no evidence of swelling, trauma, warmth or hematoma, there were no sensory or motor deficits and range of motion was within normal limits. The physician did not explain the reasoning for the imaging study. The documentation submitted is insufficient to establish medical necessity and the request for MRI of right ankle is not medically necessary.

Omeprazole DR 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Proton-Pump Inhibitors.

Decision rationale: As per CA MTUS guidelines, in patients who are taking non-steroidal anti-inflammatory drugs (NSAID's), the risk of gastrointestinal risk factors should be determined. Recommendations indicate that patients are at high risk for these events if "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." As per ODG, proton-pump inhibitor medications are recommended for patients at risk for gastrointestinal events. The injured worker was prescribed multiple NSAID medications, but no other risk factors documented and the physician did not discuss the degree of risk or the reason for prescription of the medication. There were also no abnormal subjective or objective gastrointestinal examination findings documented. The documentation submitted consists only of a single QME report. Therefore, there is insufficient documentation to establish the medical necessity of the requested medication. The request for Omeprazole is not medically necessary.

Right Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Knee Brace.

Decision rationale: As per ACOEM guidelines, bracing may be used for patellar instability, anterior cruciate ligament tear or medial collateral ligament instability but its' benefits may be more emotional than medical. ACOEM further states that bracing is usually only necessary if the patient is going to be stressing the knee under load. As per ODG, pre-fabricated knee braces may

be recommended for knee instability, ligament insufficiency-deficiency-reconstruction, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty or high tibial osteotomy, painful unicompartmental osteoarthritis or tibial plateau fracture. Custom-fabricated knee braces may be appropriate for patients with an abnormal limb counter such as a valgus or varus limb, tibial varum, disproportionate thigh and calf or minimal muscle mass, those with skin changes such as excessive redundant soft skin or thin skin with risk of breakdown, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment or severe instability on physical examination of the knee. Documentation shows that the injured worker was reporting right knee pain and objective findings were notable for tenderness of the medial joint line and positive McMurray's sign. All other findings were within normal limits and there was no documentation of any of the above conditions. Therefore, the request for right knee brace is not medically necessary.