

Case Number:	CM15-0147259		
Date Assigned:	08/11/2015	Date of Injury:	05/19/2004
Decision Date:	09/22/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/28/2015

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, Tennessee
 Certification(s)/Specialty: Emergency 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 65-year-old male who sustained an industrial injury on 05/19/2004. The injured worker was diagnosed with discogenic lumbar condition and discogenic cervical condition. No surgical interventions were documented. Treatment to date has included diagnostic testing with recent hip and lumbar spine magnetic resonance imaging (MRI) in May 2015, physical therapy, chiropractic therapy, cervical epidural steroid injections (latest in 2012) and medications. According to the primary treating physician's progress report on May 8, 2015, the injured worker continues to experience neck and low back pain with radiation to the right hip and right leg with intermittent numbness and tingling. Examination demonstrated tenderness across the cervical and lumbar paraspinal muscles bilaterally with pain radiating to the right hip and L5 distribution. Current medications are listed as Naproxen and Protonix. The injured worker has continued to work as tolerated. Treatment plan consists of continuing medication regimen and the current request for cervical spine magnetic resonance imaging (MRI), Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of the bilateral upper and lower extremities, chiropractic therapy times 12 sessions and lumbar support with insert for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: 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): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: Criteria for ordering imaging studies are 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 clarification of the anatomy prior to an invasive procedure. 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, computer tomography CT for bony structures). Per ODG indications for MRI of the cervical spine are: Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. Chronic neck pain, radiographs show bone or disc margin destruction- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." Known cervical spine trauma: equivocal or positive plain films with neurological deficit. Upper back/thoracic spine trauma with neurological deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no documentation to support that there has been any change in the patient's condition or the development of additional neurologic deficits. The patient does not have any indication for cervical MRI. The request should not be authorized and is not medically necessary.

Chiropractic treatment 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 58.

Decision rationale: Manual therapy and evaluation are 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. Recommended treatment parameters are as follows: Time to produce effect 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case, the requested number of 12 visits surpasses the number of four to six recommended for clinical trial to determine functional improvement. The request should not be authorized and is not medically necessary.

EMG/NCV of bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: 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. In this case, the patient is not experiencing symptoms of new radicular pain and there are no new focal motor or sensory deficits. In addition documentation does not support that there had been a significant change in the patient's condition. Medical necessity has not been established. The request should not be authorized.

Lumbar back support with support insert purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Lumbar supports.

Decision rationale: Lumbar support is not recommended for prevention. It is indicated for compression fractures and specific treatment of spondylolisthesis, and documented instability. It may be used for treatment of nonspecific LBP, but the supporting evidence is very low-quality evidence. In this case, the patient is not suffering from spondylolisthesis or compression fractures. There is no documented instability. There is no indication for lumbosacral support.
The request should not be authorized and is not medically necessary.

EMG/NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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- Thoracic and Lumbar, Nerve Conduction Studies.

Decision rationale: Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. In this case there is no documentation of focal motor or sensory deficits of the lower extremities. The request should not be

authorized and is not medically necessary.