

Case Number:	CM15-0185105		
Date Assigned:	09/25/2015	Date of Injury:	07/20/2012
Decision Date:	11/09/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 34 year old male who sustained an industrial injury on 7-20-12 in a fall injuring the lumbar spine, left knee and left ankle. The medical records indicate that the injured worker is being treated for recurrent instability of the left knee, suggestive of posterior cruciate ligament insufficiency; chronic left ankle sprain-strain, instability not demonstrated; left sided low back pain; lower extremity paresthesias clinically; patchy areas of bone marrow edema in the left distal femur and proximal tibia; internal derangement of the left knee. On 8-27-15 he complained of pain in the left knee. The physical exam showed the knee to be stable but with significant weakness in the vastus medialis oblique and was neurologically intact. On 8-25-15 he complained of significant exacerbation of low back pain and left knee pain. His pain level was 7 out of 10 (an increase from 5 out of 10 on 7-14-15 at which time he had an exacerbation of his low back condition when he increased his walking distance to 1 and one half hours). On physical exam of the lumbar spine there was decreased, painful range of motion, pain over the sciatic nerve distribution, negative sitting straight leg raise bilaterally, supine straight leg raise increased pain over the lumbar spine with radiation down the left lower extremity, normal motor function in the L4-L5 and S1 motor nerve roots, normal L4-S1 deep tendon reflexes. Diagnostics included MR arthrogram (10-14-14) showing patchy areas of bone marrow edema in the left distal femur and proximal tibia; MRI of the knee (10-29-12) showing a low grade sprain. Treatments to date include medications: Butrans 10mcg topical patch, Tylenol, Naprosyn; physical therapy (per 6-6-14 note) for the knee; anterior cruciate ligament reconstruction (2-13-13) and a repeat (8-2013); exercise and condition lower extremities. In the 8-25-15 progress note the treating provider had requested physical therapy for the lumbar spine for 12 sessions and felt

that this initial treatment would improve his overall functional capacity; the electromyography-nerve conduction study for bilateral lower extremities was a recommendation from 2014 should the injured worker continue with persistent low back pain. The request for authorization dated 8-25-15 was for MRI of the lumbar spine; electromyography-nerve conduction study of the bilateral lower extremities; 12 sessions of physical therapy for the lumbar spine. On 9-11-15 Utilization Review non-certified the requests for physiotherapy, electromyography-nerve conduction study of the bilateral lower extremities, MRI of the lumbar spine. The patient had received an unspecified number of PT visits for this injury. The medication list include Butrans 10mcg topical patch, Tylenol, Naprosyn and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition; Low Back (updated 09/22/15); MRIs (magnetic resonance imaging).

Decision rationale: Per the ACOEM low back guidelines cited below "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant 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)." The patient has had a diagnosis of lower extremity paresthesias. On 8-25-15, he complained of significant exacerbation of low back pain and left knee pain at 7/10. On physical exam of the lumbar spine there was decreased, painful range of motion, pain over the sciatic nerve distribution, supine straight leg raise increased pain over the lumbar spine with radiation down the left lower extremity. In addition, an imaging study dated 10-14-14 showed patchy areas of bone marrow edema in the left distal femur and proximal tibia. The patient has already had conservative treatment with medications and physical therapy, and continues to have symptoms. A MRI of the lumbar spine is indicated at this time to rule out any significant pathology in the lumbar spine. The MRI of lumbar spine is deemed medically appropriate and necessary for this patient.

EMG/NCV bilateral lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Electrodiagnostic testing (EMG/NCS).

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

Decision rationale: Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." 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 patient has had a diagnosis of lower extremity paresthesias. On 8-25-15 he complained of significant exacerbation of low back pain and left knee pain at 7/10. On physical exam of the lumbar spine there was decreased, painful range of motion, pain over the sciatic nerve distribution, supine straight leg raise increased pain over the lumbar spine with radiation down the left lower extremity. The patient has already had conservative treatment. Electrodiagnostic studies would help to clarify the exact cause of the neurological symptoms and also would help to identify the level at which nerve root impingement may be occurring. This information would guide further management. The request of EMG/NCV bilateral lower extremities is medically necessary and appropriate in this patient to further evaluate the symptoms and signs suggestive of possible radiculopathy.

Physiotherapy 12 sessions lumbar spine: 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): Physical Medicine.

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The patient has received an unspecified number of PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physiotherapy 12 sessions for the lumbar spine is not fully established for this patient.