

Case Number:	CM15-0192063		
Date Assigned:	10/06/2015	Date of Injury:	09/01/2008
Decision Date:	12/11/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/30/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 57 year old man sustained an industrial injury on 9-1-2008. Evaluations include cervical spine, lumbar spine, and right foot x-rays taken during this visit showing C5-C6 spondylosis, L5-S1 spondylosis, and a right heel spur. Diagnoses include cervical and lumbar discopathy, carpal tunnel syndrome-double crush syndrome, cervicgia, and right foot plantar fasciitis. Treatment has included oral medications. Physician notes dated 8-24-2015 show complaints of cervical spine pain with radiation to the bilateral upper extremities with numbness and tingling and associated headaches and tension between the shoulder blades rated 2-4 out of 10, worsening low back pain rated 3-5 out of 10, right foot pain rated 2-4 out of 10, and difficulty sleeping. The physical examination shows an antalgic gait, cervical paravertebral tenderness with spasm, positive axial loading compression test, positive Spurling's maneuver, extension of symptoms into the bilateral upper extremities with signs and symptoms of double crush and carpal tunnel syndrome with a positive Palmar compression test and Phalen's maneuver. Reproducible symptomatology is noted in the median nerve distribution with positive Tinel's, range of motion is "limited", no evidence of instability is noted, and dysesthesia is found in the bilateral upper extremities. That lumbar spine shows palpable paravertebral muscle tenderness with spasm, positive seated nerve root, standing flexion and extension are guarded and restricted, and no evidence of instability is noted. The right foot displays tenderness at the plantar aspect of the foot, pain is noted with forced dorsiflexion, no evidence of instability is found, and there is normal strength. Recommendations include physical therapy, MRIs of the cervical and lumbar

spine as well as the right foot, neurodiagnostic testing of the bilateral upper extremities, and follow up in several weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, cervical spine 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. However a review of the injured workers medical records that are available do not reveal documentation of any prior physical therapy and if there was pain or functional improvement with the use of physical therapy, it is also not mentioned if the injured worker is in a home exercise program without this information it is not possible to establish medical necessity. Therefore the request is not medically necessary.

Physical therapy, lumbar spine 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. However a review of the injured workers medical records that are available do not reveal documentation of any prior physical therapy and if there was pain or functional improvement with the use of physical therapy, it is also not mentioned if the injured worker is in a home exercise program without this information it is not possible to establish medical necessity. Therefore the request is not medically necessary.

MRI cervical spine: Upheld

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

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

Decision rationale: Per the MTUS / ACOEM, 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. 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. A review of the injured workers medical records that are available to me reveal that this injured worker has already had MRI of the cervical spine and do not reveal any red flags, surgical considerations or any of the above referenced criteria for repeat imaging as recommended by the guidelines and therefore the request for MRI of The Cervical Spine is not medically necessary.

MRI lumbar spine: Upheld

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

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

Decision rationale: The MTUS states that lumbar spine imaging should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However it may be appropriate when the physician believes it would aid in patient management. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion and should be reserved for cases in which surgery is considered or red-flag diagnoses are being considered. A review of the injured workers medical records that are available to me reveal that this injured worker has already had MRI of the lumbar spine and do not reveal any red flags, surgical considerations or any of the above referenced criteria for repeat imaging as recommended by the guidelines and therefore the request for MRI of The Lumbar Spine is not medically necessary.

MRI right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

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

Decision rationale: Per the MTUS / ACOEM most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. A review of the injured workers medical records did not reveal any red flags or suspicions of serious pathology, this injured worker has also already had multiple imaging of this foot, there does not appear to be any clear rationale for repeating this MRI, therefore the request is not medically necessary.

EMG bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

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

Decision rationale: Per ACOEM in the MTUS, most patients presenting with true neck and upper back problems do not need special studies until a 3-4 week period of conservative care fails to improve symptoms, most patients improve quickly once red-flag conditions are ruled out. 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck and or arm symptoms lasting more than 3-4 weeks. Per the ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to

demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. This patient has already had electrodiagnostic studies and the rationale for repeating it is not clear, therefore the request is not medically necessary.