

Case Number:	CM15-0194504		
Date Assigned:	10/08/2015	Date of Injury:	03/27/2014
Decision Date:	11/23/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female with a date of injury on 03-27-2014. She has had additional work related injuries in 2008, and in 2012. The injured worker is undergoing treatment for cervical strain, derangement of joint of left shoulder, lumbar sprain-strain, internal derangement of the left ankle and foot, difficulty sleeping and bouts of depression. A physician progress note dated 08-25-2015 documents the injured worker has complaints of intermittent pain in her neck, left arm and lower back. Her neck pain is sharp and rated at 4 out of 10. Her left arm pain is occasional and rated 4 out of 10. Her low back pain is constant and associated with a tingling sensation and radiates down her bilateral legs, and it is rated 4 out of 10. There is spasm and tenderness to the paraspinal muscles of the cervical spine and range of motion is restricted. Muscle testing is intact. Cervical compression and Spurling's are negative bilaterally. Left shoulder impingement is positive. There is restricted range of motion of the lumbar spine and spasm and tenderness in the paraspinal muscles. Sensation is reduced in the L5 dermatomal distribution. She has tenderness and reduced sensation in the left foot. Medications include Ketoprofen and Omeprazole. She is not working. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, chiropractic care, back support, and epidural steroid injection. Medications include Lisinopril, Hydrochlorothiazide, and Etodolac. An unofficial report of a lumbar Magnetic Resonance Imaging done on 02-14-2012 showed L4-5 disc protrusion causing severe left neuroforaminal narrowing with a mass effect and displacement of t4h left L4 nerve root. A disc protrusion at L5-S1 with mild lateral recess narrowing and a disc bulge at L3-4. On 09-04-2015 Utilization Review modified the request for

Electromyography-Nerve Conduction Velocity of BLE to an Electromyography to the left lower extremity, MRI Cervical and lumbar was modified to a Magnetic Resonance Imaging of the lumbar spine, and Physical therapy 3 times 4-12 sessions was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times 4 12 sessions: Upheld

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

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

Decision rationale: The patient was injured on 03/27/14 and presents with pain in her neck, left arm, and lower back. The request is for Physical therapy 3 times 4 (12 sessions) for the neck and lower back. There is no RFA provided and the patient is not currently working. The patient had prior physical therapy in 2014. MTUS Guidelines, Physical Medicine Section, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with cervical strain, derangement of joint of left shoulder, lumbar sprain-strain, internal derangement of the left ankle and foot, difficulty sleeping and bouts of depression. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, chiropractic care, back support, and epidural steroid injection. Review of the reports provided does not indicate any recent surgery she may have had and there is no discussion regarding why the patient is unable to establish a home exercise program to manage her pain. Given that the patient continues to have neck and low back pain and hasn't had any recent therapy, a trial of physical therapy appears reasonable. However, the requested 12 sessions of therapy exceeds what is allowed by MTUS Guidelines. Therefore, the request is not medically necessary.

EMG/NCV BLE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, under EMGs.

Decision rationale: The patient was injured on 03/27/14 and presents with pain in her neck, left arm, and lower back. The request is for an EMG/NCV of the bilateral lower extremity. The utilization review rationale is that "there were no clinical abnormalities in the right leg." There is

no RFA provided and the patient is not currently working. Review of the reports provided does not indicate if the patient had a prior EMG/NCV of the bilateral lower extremity. MTUS/ ACOEM Guidelines Chapter 12 Low Back Complaints, page 303 on Special Studies and Diagnostic and Treatment Considerations states, "Electromyography, including H- reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG guidelines under foot/ankle chapter do not discuss electrodiagnostics. ODG Guidelines, Low Back chapter, under EMGs, electromyography, ODG states, "Recommended as an option needle, not surface. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG Guidelines, Low Back chapter, under Nerve conduction studies, NCS, states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." The patient has low back pain with a tingling sensation, pain radiates to her bilateral leg, sitting/standing/bending aggravates pain, spasm in the paraspinal muscles, tenderness to palpation of the paraspinal muscles, and a restricted lumbar spine range of motion. She is diagnosed with cervical strain, derangement of joint of left shoulder, lumbar sprain-strain, internal derangement of the left ankle and foot, difficulty sleeping and bouts of depression. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, chiropractic care, back support, and epidural steroid injection. The reason for the request is not provided and there is no indication that a prior EMG/NCV testing has been done. Given the patient's continued complaints of low back pain with radicular components, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The requested EMG/NCV of the bilateral lower extremities is medically necessary.

MRI of the Cervical Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging.

Decision rationale: The patient was injured on 03/27/14 and presents with pain in her neck, left arm, and lower back. The request is for a MRI of the cervical spine. There is no RFA provided and the patient is not currently working. Review of the reports provided does not indicate if the patient had a prior MRI of the cervical spine. Regarding MRI, the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that "unequivocal findings that identify specific nerve compromise on the

neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist." ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging states: Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit. The patient has spasms along the cervical paraspinal muscles, tenderness to palpation of the cervical paraspinal muscles, and a restricted cervical spine range of motion. She is diagnosed with cervical strain, derangement of joint of left shoulder, lumbar sprain-strain, internal derangement of the left ankle and foot, difficulty sleeping and bouts of depression. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, chiropractic care, back support, and epidural steroid injection. In this case, the patient has not had a prior MRI of the cervical spine and given the patient's continued neck pain, this request appears reasonable. The requested MRI of the cervical spine is medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar and Thoracic Chapter, under MRIs.

Decision rationale: The patient was injured on 03/27/14 and presents with pain in her neck, left arm, and lower back. The request is for a MRI of the lumbar spine. There is no RFA provided and the patient is not currently working. The utilization review letter states that the patient had an MRI of the lumbar spine; however, "does not know the results". MTUS/ ACOEM Guidelines, Chapter 12, Special Studies Section, page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines, Low Back- Lumbar and Thoracic Chapter, under MRIs states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." ODG Guidelines, Low Back, Lumbar and Thoracic Chapter, under Flexion/extension imaging studies states: "Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements, See Range of motion (ROM); Flexibility. For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery." The patient has low back pain with a tingling sensation, pain radiates to her bilateral leg, sitting/standing/bending aggravates pain, spasm in the paraspinal muscles, tenderness to palpation of the paraspinal muscles, and a restricted lumbar spine range of motion. She is diagnosed with cervical strain, derangement of joint of left shoulder, lumbar sprain-strain, internal derangement of the left ankle and foot, difficulty sleeping and bouts of depression.

Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, chiropractic care, back support, and epidural steroid injection. In this case, the patient has had a prior MRI of the lumbar spine and the results are not provided. There is no evidence of any progressive neurologic deficit to warrant an updated MRI of the lumbar spine. Therefore, the requested MRI of the lumbar spine is not medically necessary.