

<b>Case Number:</b>	CM15-0026614		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	01/18/2014
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Pennsylvania

Certification(s)/Specialty: 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 61 year-old male who has reported widespread pain after an motor vehicle accident on 1/18/2014. The diagnoses have included neck sprain/strain, displacement of cervical intervertebral disc, cervical radiculitis, sprain/strain of the lumbar spine, lumbar facet syndrome, knee sprain/strain and bilateral shoulder impingement syndrome. Treatment has included physical therapy, aqua therapy, cortisone injections to the shoulders and medication. The injured worker has not worked since January 2014. An orthopedic agreed medical examination (AME) on 10/6/14 noted that left knee pain was completely resolved. Radiographs of the neck, elbows, shoulders, wrists, hands, back, pelvis, hips, and knees did not show significant pathology. There were no specific neurological deficits in the extremities. Electrodiagnostic testing of the lower extremities was recommended for possible right lower extremity "radicular complaint." There was no mention of any evaluation for obesity or weight loss. Per the PR2 of 1/12/2015, there was neck, back, and bilateral shoulder pain. There was no mention of a history of knee symptoms. There was no discussion of the obesity history. The hydrocodone and topical creams helped his symptoms. The physical examination was notable for tenderness and limited range of motion in the neck, shoulders, and low back. There was limited flexion of the knees. There was C6-8 hypoesthesia in the right upper extremity. The neurological status of the lower extremities was intact. The body mass index (BMI) was 37. The treatment plan included pending electrodiagnostic testing of the upper extremities; MRI of the cervical spine, lumbar spine and left knee; and a weight loss consultation. On 1/26/2015, Utilization Review (UR) non-certified EMG/NCV of the upper extremities, MRI of the lumbar spine, MRI

of the left knee and a weight loss consultation. The MTUS, Medical Disability Advisor, and the Official Disability Guidelines were cited. A pending cervical MRI was noted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **EMG/NCV Upper Extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back procedure summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** As noted in the prior Utilization Review, there is a cervical MRI pending. There is no reason to perform other tests looking for radiculopathy prior to reviewing the results of this test. The injured worker does not meet the MTUS criteria for an EMG currently, as there is no plan for surgery or epidural steroid injection and the injured worker does not meet the MTUS criteria for these treatments. The only possible current indication for electrodiagnostic testing in the upper extremities is a non-specific, regional hypoesthesia (C6-8 hypoesthesia is not nerve-root specific), which is not sufficient. The actual history for any radicular or neurological symptoms was not described. Based on the current clinical information, there is not sufficient medical necessity for electrodiagnostic testing.

#### **MRI Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back procedure summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 303, 309.

**Decision rationale:** The treating physician has not described the clinical evidence of significant pathology discussed in the MTUS, such as "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination." No 'red flag' conditions are identified. The treating physician has not provided an adequate clinical evaluation, as outlined in the MTUS ACOEM Guidelines Pages 291-296. The treating physician has not provided specific indications for performing an MRI. This patient does not fit the MTUS criteria for invasive procedures, such as epidural steroid injection or spine surgery, regardless of any proposed MRI findings. MRI of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself indication for MRI. An MRI of the lumbar spine is not medically necessary based on lack of sufficient indications per the MTUS.

#### **MRI left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation ODG-TWC Knee & Leg procedure summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 332-335, 341, 343, 344-345, 347.

**Decision rationale:** Per the ACOEM Guidelines Page 341, special studies are not needed to evaluate most knee conditions until after a period of conservative care and observation. The available reports do not adequately explain the kinds of conservative care already performed. The necessary components of the knee exam are not present, see pages 332-335 of the ACOEM Guidelines. There is a substantial discrepancy between the AME report and that of the primary treating physician. The AME stated that left knee symptoms were 100% resolved. The treating physician has not addressed this. The treating physician has not adequately discussed the knee history, including the findings of the AME. The specific findings indicating possible knee surgery are not discussed. The MRI is not medically necessary based on the MTUS and lack of specific indications.

**Weight Loss Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD Obesity.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Obesity in adults: Overview of management. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** The MTUS does not provide direction for weight loss programs or obesity treatment. Medical necessity for a "weight loss consultation" is contingent upon more than just the presence of obesity. Per the UpToDate reference, patients with obesity should be stratified into risk categories based on Body Mass Index. Patients with a Body Mass Index over 40 are at highest risk and should receive lifestyle intervention, pharmacological therapy, and possibly bariatric surgery. Diet, exercise, and behavioral treatment are the most important strategies for weight loss. This UpToDate guideline lists several obesity management protocols from major national medical organizations. The treating physician has not provided sufficient information regarding this injured worker's past and current weight, prior treatment for obesity, and specific details of any proposed obesity consultation. Absent these kinds of specific details and treatment plan, a request for a weight loss consultation lacks the necessary components to demonstrate medical necessity.