

Case Number:	CM15-0049220		
Date Assigned:	03/23/2015	Date of Injury:	10/10/2011
Decision Date:	05/12/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/16/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 who reported an injury on 10/10/2011. The mechanism of injury was cumulative trauma. Prior therapies included rest and medications. The documentation of 12/05/2014 revealed the injured worker had complaints of constant pain in her right shoulder, right elbow, right wrist, neck, upper back, and low back. The injured worker complained of decreased muscle mass and strength and numbness with pain and tingling. The injured worker indicated her pain was reduced with rest, activity modification, and heat. The injured worker's medications included Prilosec 20 mg. The physical examination revealed the injured worker had allodynia and palpation revealed nonspecific tenderness in the right hand. Palpation indicated severe tenderness at the "medial" on the right and left. The examination of the shoulders revealed nonspecific tenderness in the right shoulder. The injured worker had severe tenderness at the acromioclavicular joint, anterior labrum, supraspinatus, infraspinatus, bicipital groove, acromion, and upper trapezius on the right. There was decreased range of motion of the right shoulder. The injured worker had nonspecific tenderness in the right elbow and severe tenderness at the medial epicondyle on the right. The injured worker had nonspecific tenderness at the right wrist and tenderness at the medial and lateral sides of the wrist. The injured worker had decreased range of motion. The cervical spine examination revealed severe paraspinal tenderness, muscle guarding, and spasms bilaterally at C1-T1. At C1-T1, there was moderate tenderness at the facet joints referring to the neck and trapezius. The injured worker had decreased range of motion of the cervical spine. At T12-S1, the injured worker had severe paraspinal tenderness, muscle guarding, and spasms bilaterally. The injured worker had

decreased range of motion. The diagnoses included cervical, thoracic, and lumbar sprain/strain; shoulder ligamentous sprain/strain right; and chronic pain syndrome, regional. The treatment plan included an MRI of the lumbar spine, right shoulder, and right wrist; management consultation; and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment for cervical spine, lumbar spine and bilateral knees, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend manual therapy for chronic pain if it is caused by musculoskeletal conditions. It is recommended for a therapeutic trial of 6 sessions. However, it is not recommended for the knee joint. The request for 12 sessions would be excessive. There was a lack of documentation of exceptional factors to support the use for the knees. Given the above and the lack of documentation indicating the necessity for manipulation for the knees, the request for Chiropractic Treatment for cervical spine, lumbar spine and bilateral knees, twice a week for six weeks is not medically necessary.

Acupuncture for the cervical spine, lumbar spine and bilateral knees, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation. The time to produce functional improvement is 3 - 6 treatments. There was a lack of documentation indicating that the injured worker's pain medication had been reduced or was not tolerated and that the injured worker would be utilizing the treatment as an adjunct to physical therapy. The clinical documentation submitted for review failed to provide documentation of exceptional factors to support the necessity for 12 treatments. Given the above and the lack of documentation, the request for Acupuncture for the cervical spine, lumbar spine and bilateral knees, twice a week for six weeks is not medically necessary.

MRI of cervical spine, lumbar spine and bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 13 Knee Complaints Page(s): 177-179; 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: The American College of Occupational and Environmental Medicine indicates for most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies include physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. They further indicate that for the treatment of the knee, special studies are not needed until after a period of conservative care and observation. They do not however, address repeat MRIs of the lumbar spine. As such, secondary guidelines were sought. The Official Disability Guidelines indicate a repeat MRI is recommended when there is documentation of a significant change in symptoms or findings to support the necessity for a repeat MRI. There was a lack of documentation indicating a necessity for an MRI of the cervical spine and bilateral knees. The duration of conservative care and the specific conservative care directed at both the cervical spine and bilateral knees, with the exception of medications, rest, and ice, was not provided. There was a lack of documentation related to the lumbar spine and there was a lack of documentation indicating the injured worker had a significant change in signs or symptoms, as well as a significant change in objective findings to support the necessity for a repeat MRI. Given the above, the request for MRI of the cervical spine, lumbar spine, and bilateral knees is not medically necessary.

Nerve Conduction Velocity test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179; 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

Decision rationale: The American College of Occupational and Environmental Medicine states that 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. There should be documentation of 3 - 4 weeks of conservative care and observation. The American College of Occupational and Environmental Medicine states that 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. They do not address NCS of the lower extremities. As such, secondary

guidelines were sought. The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is no documentation of a peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. The clinical documentation submitted for review failed to provide a necessity for upper or lower EMG and NCS. The request as submitted failed to indicate the laterality and the specific body part to be tested. Given the above, the request for nerve conduction velocity test is not medically necessary.

Electromyography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179; 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine states that 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. There should be documentation of 3 - 4 weeks of conservative care and observation. The American College of Occupational and Environmental Medicine states that 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. There was a lack of documentation of specific conservative care that was provided for both the upper and lower extremities. Additionally, the request as submitted failed to indicate the body part to be tested. Given the above, the request for Electromyography is not medically necessary.

Orthopedic Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2004, Occupational Medicine Practice Guidelines, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review failed to provide documentation of a specific requested type of orthopedist. There was a lack of documentation indicating whether the request was for the cervical spine, lumbar spine, or

bilateral knees. There was a lack of documentation of x-ray or MRI findings to support the need for a consultation. Given the above, the request for orthopedic consultation is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Independent Medical Examinations and Consultations, page 132-139; Official Disability Guidelines, Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the injured worker had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. The clinical documentation submitted for review failed to provide a rationale for the request. There was a lack of documentation indicating the injured worker had an unsuccessful attempt to return to work. Given the above, the request for Functional Capacity Evaluation is not medically necessary.