

Case Number:	CM14-0004752		
Date Assigned:	04/23/2014	Date of Injury:	03/01/2006
Decision Date:	05/27/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 case involves a 57 year-old female with multiple industrial injury claims. This review pertains to the 3/1/2006 industrial injury claim. She has been diagnosed with lumbar and cervical HNP; lumbar and cervical radiculopathies; bilateral shoulder, elbow, hand, ankle arthralgia; right knee arthralgia. According to the 10/3/13 orthopedic report from [REDACTED], the patient presents with ongoing 3-4/10 neck, mid, low back pain, bilateral upper and lower extremity pain, numbness and tingling into the hands and knees. [REDACTED] states chiropractic care helped her pain, and recommended additional chiropractic care, as well as podiatry consult for ankles and orthopedic consult for shoulders, elbows, wrists, hands, and electrodiagnostics for the upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

A PODIATRY CONSULT FOR BILATERAL ANKLES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Non-MTUS ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: MTUS chronic pain guidelines and MTUS/ACOEM topics did not discuss podiatry consultations for foot/ankle pain. The AD has not adopted ACOEM chapter 7 into the MTUS, but this would still be among the next highest ranked review standard under LC 4610.5(2). ACOEM states a referral can be made to other specialists when the plan or course of care may benefit from additional expertise, which is the case with this request. The request appears to be in accordance with the ACOEM guideline.

ORTHOPEDIC CONSULTATION FOR BILATERAL SHOULDERS, ELBOWS, WRIST/HANDS & RIGHT KNEE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Non-MTUS ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: MTUS chronic pain guidelines and MTUS/ACOEM topics discuss surgical referrals, but do not discuss orthopedic consultations in patients without surgical indications. The AD has not adopted ACOEM chapter 7 into the MTUS, but this would still be among the next highest ranked review standard under LC 4610.5(2). ACOEM states a referral can be made to other specialists when the plan or course of care may benefit from additional expertise. The request appears to be in accordance with the ACOEM guideline.

EMG OF THE BILATERAL UPPER AND LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178.

MAXIMUS 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 Page(s): 178 260-262 & 303.

Decision rationale: MTUS/ACOEM guidelines for the neck 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. And for the lower back, it states 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. The request for the EMG of the upper and lower extremities for a patient with neck and back pain over 4 weeks, with paresthasias down both upper and lower extremities, is in accordance with MTUS/ACOEM guidelines.

NCV OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: As with the EMG reviewed above, the NCV of the upper extremities appears to be in accordance with MTUS/ACOEM guidelines.

CHIROPRACTIC, PHYSIOTHERAPY MODALITIES 2 X 4 = 8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation..

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

Decision rationale: There are 6 chiropractic notes from 9/10/13 to 10/1/13 and the patient's pain level dropped to 3-4/10. Further review shows 3 chiropractic sessions for the neck from 3/8/13 through 3/19/13. From the records provided for this IMR, the patient has had a total of 9 chiropractic sessions prior to the 10/3/13 request for 8 additional visits. There has been improvement with the prior chiropractic sessions. MTUS states with functional improvement, chiropractic care can be extended up to 18 sessions. The request for 8 chiropractic sessions with the 9 prior visits, is within the MTUS recommendations.

NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: The NCV of the lower extremities other than the H-reflex for suspected lumbar radiculopathy is not necessary. The NCV of the lower extremities for suspected lumbar radiculopathy is not in accordance with MTUS/ACOEM or ODG guidelines.