MAXIMUS Federal Services

Case Number:	CM14-0124156		
Date Assigned:	08/08/2014	Date of Injury:	06/12/1997
Decision Date:	11/17/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/05/2014

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 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:

The injured worker is a 57-year-old female who reported an injury on 06/12/1997. The mechanism of injury was not submitted for review. The injured worker has diagnoses of L4-5 facet arthropathy, right knee degenerative joint disease, left ankle sprain, and L5-S1 annular tear. Past medical treatment consists of surgery, physical therapy, injections, acupuncture, and chiropractic therapy and medication therapy. Medications include Protonix, Motrin, and simvastatin. On 06/26/2012, the injured worker underwent an MRI of the lumbar spine; on 10/11/2012 underwent x-rays of the knees bilaterally. On 05/30/2014, the injured worker complained of bilateral knee pain right worse than left. Physical examination noted there was tenderness to palpation over the paravertebral muscles bilaterally. The injured worker had a positive facet loading test. Sensory to light touch and pinprick were intact to the lower extremities bilaterally. It was noted that the injured worker had a range of motion of 60 on flexion, 20 degrees on extension, 23 degrees on left lateral bend, and 25 degrees on right lateral bend. Straight leg raise was negative in the lower extremities bilaterally. Treatment plan was for the injured worker to undergo MRI of the cervical spine and lumbar spine, EMG/NCV, and continue gym membership. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for an MRI of the Cervical Spine (date of service 7/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM Guidelines indicate that criteria for imaging studies include the 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 anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical exam, electro diagnostic studies, laboratory testing, or bone scans. The submitted documentation dated 05/30/2014 did not indicate that the injured worker had any emergence of red flag, nor did it indicate that the injured worker had any physiological evidence of tissue insult or neurologic dysfunction. Additionally, there was no evidence supporting that the injured worker had been active in a strengthening program. Physical examination revealed no pertinent evidence of functional deficits. Furthermore, the provider did not provide a rationale to warrant the request for an MRI of the cervical spine. Given the above, the injured worker was not within MTUS recommended guidelines. As such, the request was not medically necessary.

Retrospective request for an MRI of the Lumbar Spine (date of service 7/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Indications for Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM Guidelines indicate that criteria for imaging studies include the 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 anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical exam, electro diagnostic studies, laboratory testing, or bone scans. The submitted documentation dated 05/30/2014 did not indicate that the injured worker had any emergence of red flag, nor did it indicate that the injured worker had any physiological evidence of tissue insult or neurologic dysfunction. Additionally, there was no evidence supporting that the injured worker had been active in a strengthening program. Physical examination revealed no pertinent evidence of functional deficits. Furthermore, the provider did not provide a rationale to warrant the request for an MRI of the lumbar spine. Given the above, the injured worker was not within MTUS recommended guidelines. As such, the request was not medically necessary.

Retrospective request for an EMG/NCV (right upper extremity, for date of service 7/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Electromyogram (EMG), Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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. There was a lack of documented objective findings to support a necessity for the requested intervention. Additionally, there was a lack of documentation of a failure of conservative care and findings to support both an EMG and NCV and bilateral studies. There was a lack of documentation for the date of request 07/15/2014. Given the above, the Retrospective request for an EMG/NCV (right upper extremity, for date of service 7/15/14) is not medically necessary.

Retrospective request for an EMG/NCV (left upper extremity, for date of service 7/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Electromyogram (EMG), Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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. There was a lack of documented objective findings to support a necessity for the requested intervention. Additionally, there was a lack of documentation of a failure of conservative care and findings to support both an EMG and NCV and bilateral studies. There was a lack of documentation dated 07/15/2014. Given the above, the Retrospective request for an EMG/NCV (right upper extremity, for date of service 7/15/14) is not medically necessary.

Retrospective request for a Gym membership with pool (date of service 7/15/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Gym Memberships

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, Gym Membership

Decision rationale: The Official Disability Guidelines recommend exercise as part of a dynamic rehabilitation program, but note that gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Exercise treatment need to be monitored and administered by medical professionals. There was no documentation of failed home exercise or that the injured worker needed a specific equipment that would support the medical necessity for a gym membership. The medical documents provided lack evidence of functional improvement from previous gym participation. Given the above, the injured worker was not within Official Disability Guidelines criteria. As such, the request is not medically necessary.