MAXIMUS Federal Services

Case Number:	CM14-0132196		
Date Assigned:	08/22/2014	Date of Injury:	04/12/2013
Decision Date:	09/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/18/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of 4/12/13. A utilization review determination dated 8/11/14 recommends non-certification of EMG lower extremities, muscle testing and sensory testing for the BUE and BLE, MRI thoracic spine, MRI right knee, x-rays of the thoracic spine, lumbar spine and pelvis, and right knee, "ROM (thoracic spine, lumbar spine, bilateral knees)," consultation with pain medicine specialist for the thoracic spine, lumbar spine, and bilateral knees, and chiropractic sessions for the lumbar and thoracic spine 2 times a week for 6 weeks. Lumbar spine MRI was certified. Prior chiropractic care was noted. 7/29/14 medical report identifies numbness of both thighs and legs, tingling to the feet, non-radiating neck and upper back pain, low back pain that "radiates to neck, abdominal, both buttocks," right arm pain, right knee pain, and abdominal pain. Low back x-rays were said to have been performed over a year prior and MRI on 5/24/13. Right knee MRI was said to have been performed over 2 years prior. On exam, there was thoracic and lumbar tenderness, bilateral knee swelling with minimal genu valgum bilaterally, right knee tenderness, and minimally positive crepitation left. Recommendations included chiropractic, thoracic, lumbar, and right knee MRIs for prolonged complaints, lower extremity EDS for prolonged lower extremity neuroradicular complaints, digital electronic ROM, myometry, and computerized sensory testing, x-rays "since they had not been done sufficiently recently," and pain medicine consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back Procedure Summary (07/03/2014).

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

Decision rationale: Regarding the request for EMG of the lower extremities, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise. Furthermore, there is a pending MRI of the lumbar spine, the results of which may obviate the need for additional diagnostic testing such as EMG. In light of the above issues, but currently requested EMG of the lower extremities is not medically necessary.

Muscle testing for the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, farearm, Wrist, & Hand Procedure Summary (08/08/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 33, 89, 293. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Flexibility and Knee Chapter, Computerized muscle testing.

Decision rationale: Regarding the request for muscle testing, CA MTUS, ACOEM, and ODG support that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal and neurological systems. A general physical examination for a musculoskeletal/neurological complaint typically includes range of motion, strength, and sensory testing using a goniometer, dynamometer, and/or other analog testing methods.. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal/neurological examination for this patient or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested muscle testing is not medically necessary.

Sensory testing for the bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 33, 89, 293. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Flexibility and Knee Chapter, Computerized muscle testing.

Decision rationale: Regarding the request for sensory testing, CA MTUS, ACOEM, and ODG support that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal and neurological systems. A general physical examination for a musculoskeletal/neurological complaint typically includes range of motion, strength, and sensory testing using a goniometer, dynamometer, and/or other analog testing methods.. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal/neurological examination for this patient or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested sensory testing is not medically necessary.

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back Procedure Summary (07/03/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography (X-rays).

Decision rationale: Regarding request for lumbar spine x-ray, CA MTUS and ACOEM state that x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Within the documentation available for review, no red flags, recent trauma, or another clear rationale for x-rays have been described. The rationale provided noted only that x-rays have not been done in over a year. However, there is a pending lumbar spine MRI and there is no rationale identifying why an x-ray would be needed in addition to an MRI for this patient. In light of the above issues, the currently requested lumbar x-ray is not medically necessary.

ROM for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 33, 89, 293. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Flexibility and Knee Chapter, Computerized muscle testing.

Decision rationale: Regarding the request for ROM testing, CA MTUS, ACOEM, and ODG support that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal and neurological systems. A general physical examination for a musculoskeletal/neurological complaint typically includes range of motion, strength, and sensory testing using a goniometer, dynamometer, and/or other analog testing methods.. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal/neurological examination for this patient or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested ROM testing is not medically necessary.

Consultation with a pain medicine specialist for the lumbar spine 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure summary (07/10/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, Page 127.

Decision rationale: Regarding the request for consultation with a pain medicine specialist, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the request was made at the initial visit of the requesting physician, but he also recommended diagnostic testing and treatment. The only rationale provided was "chronic pain." No rationale was given for why specialty consultation is needed prior to initial conservative management within the provider's scope of practice and no findings suggestive of a condition requiring specialty management are noted. In light of the above issues, the currently requested consultation with a pain medicine specialist is not medically necessary.

Chiropractic session for the lumbar spine 2 times a week for 6 weeks: Upheld

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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic sessions, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, prior chiropractic care is noted, but there is no indication of objective functional improvement from those sessions. Additionally, the currently requested 12 treatment sessions exceeds the recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested chiropractic sessions are not medically necessary.