MAXIMUS Federal Services

Case Number:	CM14-0146873		
Date Assigned:	09/12/2014	Date of Injury:	06/15/2014
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/10/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 36 year old male who had a work injury dated 6/15/14. The diagnoses includes cervical and trapezial musculoligamentous sprain and strain with attendant muscle contraction headaches; right shoulder periscapular strain; bilateral elbow sprain, right wrist sprain; lumbosacral musculoligamentous sprain and strain with attendant bilateral lower extremity radiculitis; status post left knee contusion with resultant patellofemoral arthralgia; status post right shin contusion; complaints of sleeping difficulties secondary to chronic pain; complaints of stomach upset and gastrointestinal upset secondary to over-the-counter pain medication and stress; and history of depression and stress. Under consideration is a request for chiropractic treatment 3 times a week for 4 weeks for the cervical, lumbar spine, right shoulder, bilateral elbows, right wrist and left knee; EMG to the bilateral lower extremities (BLE); NCV to the bilateral lower extremities (BLE); diagnostic ultrasound study of the right wrist; evaluation and treatment with a sleep specialist; evaluation and treatment with an internist.There is a 08/07 /l 4 physicians report that states that the patient presented for evaluation and treatment after having requested a change in the primary treating physician. The patient had low back pain that radiated to the lower extremities, right wrist pain, bilateral elbow pain right side worse than left, left knee pain associated with popping and cracking, neck pain associated with headaches, right shoulder pain, right lower leg pain, emotional complaints of depression and stress associated with insomnia secondary to chronic pain and disability, and complaints of stomach upset secondary to over the-counter pain medications. The cervical spine revealed tenderness to palpation was also present over the suboccipita1 triangle region. The axial compression test and Spurling's maneuver elicited increased neck pain but there were no radiating arm symptoms. There was tenderness to palpation with muscle guarding was present over the upper trapezius muscle

periscapular region, and interscapular musculature. There was tenderness to palpation over the posterior aspect of the elbow joints and olecranon processes, right side worse than the left. The straight leg raise test, both seated and supine, was positive for paresthesia extending to the bilateral feet. Examination of the left knee revealed patellofemoral crepitus was present upon passive ranging. The patellofemoral compression or grind test was positive for retropatellar pain. The patient had a slow guarded gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3 times a week for 4 weeks for the cervical, lumbar spine, right shoulder, bilateral elbows, right wrist and left knee: 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 (ODG) Chapters: Neck & Upper Back Manipulation, Low Back, Elbow, Wrist & Hand, Leg & Knee, Shoulder and Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: Chiropractic treatment 3 times a week for 4 weeks for the cervical, lumbar spine, right shoulder, bilateral elbows, right wrist and left knee is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend chiropractic treatment as an option for the low back with a trial of 6 visits over 2 weeks. If there is evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The guidelines do not recommend chiropractic care for the forearm, wrist, hand or knee. The documentation indicates that the patient has had prior chiropractic care. There is no evidence of significant functional improvement from the prior care. Additionally the guidelines do not support chiropractic care for the forearm, wrist and knee. The request for chiropractic treatment 3 times a week for 4 weeks for the cervical, lumbar spine, right shoulder, bilateral elbows, right wrist and left knee is not medically necessary.

EMG to the bilateral lower extremities (BLE): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-EMGs (electromyography)

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

Decision rationale: EMG of the bilateral lower extremities is medically necessary per the MTUS ACOEM guidelines. The ACOEM MTUS guidelines state 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. The documentation

indicates that the patient has evidence of low back pain and BLE paresthesias. The request for EMG of the bilateral lower extremities is medically necessary.

NCV to the bilateral lower extremities (BLE): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Nerve conduction studies

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

Decision rationale: NCV to the bilateral lower extremities (BLE) is medically per the MTUS guidelines. The ACOEM MTUS guidelines state 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. The documentation indicates that the patient has evidence of low back pain and BLE paresthesias. H reflex testing is part of the NCV therefore the request for NCV to the bilateral lower extremities (BLE) is medically necessary.

Diagnostic ultrasound study of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Ultrasound (diagnostic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist, hand- Ultrasound (diagnostic)

Decision rationale: Diagnostic ultrasound study of the right wrist is not medically necessary per the ODG guidelines. The MTUS does not address ultrasound for the wrist. The ODG states that ultrasonography is a dynamic process and is accurate in detecting tendon injuries. There is no evidence of tendon injury. The request for diagnostic ultrasound of the right wrist is not medically necessary.

Evaluation and treatment with a sleep specialist: 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)- Pain Office visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Evaluation and treatment with a sleep specialist is not medically necessary per the MTUS guidelines. The guidelines state that under the optimal system, a clinician acts as

the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The documentation indicates that the patient's sleep is interrupted by pain. There is no other evidence of sleep disorder such as sleep apnea that would require a sleep specialist. The documentation indicates attempt at managing the patient's pain which will likely aid in improved sleep. The request for evaluation and treatment with a sleep specialist is not medically necessary.

Evaluation and treatment with an Internist: 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)- Pain Office visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The request for evaluation and treatment with an internist is not medically necessary per the MTUS guidelines. The guidelines state that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The documentation indicates that the patient's gastrointestinal symptoms are due to medications. There is no evidence of other red flag condition that could not be managed by the providing physician and medication adjustment. The request for evaluation and treatment with an internist is not medically necessary.