

Case Number:	CM13-0066994		
Date Assigned:	05/21/2014	Date of Injury:	12/15/2010
Decision Date:	03/10/2015	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/17/2013

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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, with a reported date of injury of 12/15/2010. The results of the injury were head pain, neck pain, back pain, and loss of control of her urine, with coughing or sneezing. The mechanism of the injury was a slip and fall. The diagnoses included chronic sprain/strain of the cervicothoracic spine; tendinitis and impingement of both shoulders; tendinitis of both elbows; tendinitis of both wrist; chronic sprain/strain of the thoracolumbosacral spine; probable lumbar disc intraspinal injury; and overuse syndrome of both knees and both ankles. Treatments have included Advil, and Excedrin. The progress report dated 10/23/2013 indicates that the injured worker continued to work regular duty. She stated that she continued to have neck and back pain, and soreness of her hands, arms, feet, and legs, as a result of repetitive activities. The injured worker presented with aching and stiffness of the neck and shoulder. She had pain in both elbows, wrists, and hands. She also complained of low back pain, pain in the knees and ankles, and burning pain over the varicose veins in her legs. The physical examination showed tenderness from the occiput to C7, and T3-T5; tenderness in both shoulder girdles, supraspinatus infraspinatus, and rotator cuffs; mild impingement of both shoulders; sore elbows, wrists, knees, and ankles; tenderness in the low back at L1-S1. The range of motion of the neck showed flexion at 42 degrees; extension at 56 degrees; tilt at 40 degrees on the right and 32 degrees on the left; and rotation at 80 degrees on the right and 68 degrees on the left. The range of motion of the shoulders showed flexion at 142 degrees on the right and 160 degrees on the left; internal rotation at 30 degrees on the right and 60 degrees on the left; and abduction at 145 degrees on the right and 160 degrees on the left. The range of motion of the back showed flexion

at 66 degrees; extension at 10 degrees; lateral bending at 10 degrees on the right, and 15 degrees on the left; and rotation at 35 degrees on the right and 45 degrees on the left. The treating physician indicated that the MRIs were recommended for assessment, and the computerized range of motion test was medically necessary to determine the injured worker's disability. On 11/15/2013, Utilization Review (UR) denied the request for computerized range of motion (ROM) studies of the neck, back, shoulders, elbows, knees, wrists, and ankles; an MRI of the cervical spine; an MRI of the lumbar spine; an MRI of the bilateral shoulders; an internal consultation for non-orthopedic joint pain; neurologic testing of the upper and lower extremities; and therapy - no frequency/duration. The UR physician noted that the guidelines do not support computerized clinical testing; there was no documentation of any focal neurologic deficits in the upper extremities or lower extremities and no complaints of numbness and tingling; no mention of conservative treatment; no documentation of redness or swelling in any of the joints; no documentation that the injured worker had participated in physical therapy or what the response was to the treatment; and the request for therapy did not include what specific body part was to be addressed, functional goals, frequency, and duration of the therapy. The ACOEM Guidelines, Chronic Pain Guidelines, and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTERIZED ROM STUDIES OF NECK, BACK, SHOULDERS, ELBOWS, KNEES, WRISTS, AND ANKLES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Low Back Chapter, ROM, Flexibility

Decision rationale: The patient presents with pain and stiffness in neck, low back, and bilateral upper and lower extremities along with a burning sensation over the varicose veins, as per progress report dated 10/23/13. The request is for COMPUTERIZED ROM STUDIES OF NECK, BACK, SHOULDERS, ELBOW, KNEES, WRISTS AND ANKLES. The patient is also suffering from urinary incontinence. Medications, as per the report, include liquid Advil and Excedrin. The patient is working with some restrictions, as per the same progress report. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ODG Low Back Chapter, under ROM, Flexibility states "Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value." In this case, only one progress report dated prior to the UR date of 11/15/13 has been provided for review. In the report dated 10/23/13, the treater requests for computerized ROM testing to assess the patient's

disability. While ODG guidelines consider ROM assessment as part of routine musculoskeletal evaluation, they do not support computerized tests, as their therapeutic value is unclear. Hence, this request IS NOT medically necessary.

MRI CERVICAL SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Neck & upper back chapter, MRI

Decision rationale: The patient presents with pain and stiffness in neck, low back, bilateral upper and lower extremities along with a burning sensation over the varicose veins, as per progress report dated 10/23/13. The request is for MRI OF CERVICAL SPINE. The patient is also suffering from urinary incontinence. Medications, as per the report, include liquid Advil and Excedrin. The patient is working with some restrictions, as per the same progress report. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. In this case, only one progress report dated prior to the UR date of 11/15/13 has been provided for review. In progress report dated 10/23/13, the patient complains of pain and stiffness in the neck. She has been diagnosed with sprain/strain of cervicothoracic spine. Physical examination reveals tenderness from occiput to C7 along with limited range of motion. The treater is requesting for MRI to understand the nature and extent of her injuries and disabilities. The Request for Authorization form is dated 11/06/13. An cervical MRI report dated 12/18/13 has been provided for review. The report reveals disc protrusions at C3-4, C4-5, C5-6 and C6-7 which impress upon the cal sac. A review of the available reports indicates that there are no prior MRIs of the neck. ODG guidelines allow for imaging studies in chronic pain patients with suspected ligamentous injury. Hence, this request appears reasonable and WAS medically necessary.

INTERNAL CONSULTATION FOR NON ORTHOPEDIC JOINT PAIN: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, CONSULTATION, 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: The patient presents with pain and stiffness in neck, low back, bilateral upper and lower extremities along with a burning sensation over the varicose veins, as per progress report dated 10/23/13. The request is for INTERNAL CONSULTATION FOR NON-ORTHOPEDIC JOINT PAIN. The patient is also suffering from urinary incontinence. Medications, as per the report, include liquid Advil and Excedrin. The patient is working with some restrictions, as per the same progress report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, only one progress report dated prior to the UR date of 11/15/13 has been provided for review. In the report dated 10/23/13, the treater states that the internal consultation is for "non-orthopedic causes of joint pain as well as evaluation of her urinary incontinence." An internist may help with appropriate diagnosis and management of such pain and discomfort. Hence, the request for internal consultation appears reasonable and IS medically necessary.

NEUROLOGIC TESTING UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with pain and stiffness in neck, low back, bilateral upper and lower extremities along with a burning sensation over the varicose veins, as per progress report dated 10/23/13. The request is for NEUROLOGIC TESTING UPPER EXTREMITIES. The patient is also suffering from urinary incontinence. Medications, as per the report, include liquid Advil and Excedrin. The patient is working with some restrictions, as per the same progress report. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, only one progress report dated prior to the UR date of 11/15/13 has been provided for

review. In progress report dated 10/23/13, the treater states that neurologic studies are to evaluate pain and weakness in the patient's extremities but does not specify the type of neurologic testing being requested. In the diagnoses section, the treater states "Consider bilateral carpal tunnel syndrome or overuse syndrome of both hands." ACOEM guidelines indicate that EMG/NCV testing can help make that differentiation. Assuming that this is the type of neurologic testing being requested by the treater, the request IS medically necessary.

THERAPY NO FREQUENCY/DURATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain and stiffness in neck, low back, bilateral upper and lower extremities along with a burning sensation over the varicose veins, as per progress report dated 10/23/13. The request is for INTERNAL CONSULTATION FOR NON-ORTHOPEDIC JOINT PAIN. The patient is also suffering from urinary incontinence. Medications, as per the report, include liquid Advil and Excedrin. The patient is working with some restrictions, as per the same progress report. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, only one progress report dated prior to the UR date of 11/15/13 has been provided for review. In progress report dated 10/23/13, the treater states that the request for physical therapy has been modified to six sessions but does not provide any other detail. The Request for Authorization form states that the request is for a "Brief course of therapy" but does not describe the type type of therapy, duration and frequency. The report lacks information required to make a determination based on guidelines. This request IS NOT medically necessary.

MRI LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Low back chapter, MRI

Decision rationale: The patient presents with pain and stiffness in neck, low back, bilateral upper and lower extremities along with a burning sensation over the varicose veins, as per progress report dated 10/23/13. The request is for MRI LUMBAR SPINE. The patient is also suffering from urinary incontinence. Medications, as per the report, include liquid Advil and Excedrin. The patient is working with some restrictions, as per the same progress report. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an

option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, only one progress report dated prior to the UR date of 11/15/13 has been provided for review. In progress report dated 10/23/13, the patient complains of low back pain. Physical examination reveals tenderness from L1 through S1 along with limited range of motion. The patient has been diagnosed with sprain/strain of the thoracolumbar spine and probable lumbar disc intraspinal injury. The treater is requesting for MRI to understand the "nature and extent of her injuries and disabilities." The Request for Authorization form is dated 11/06/13. An lumbar MRI report dated 12/18/13 has been provided for review. The report reveals disc bulges, protrusions and bilateral neural foraminal narrowing at multiple levels. A review of the available reports indicates that there are no prior MRIs of the low back. ODG guidelines allow for imaging studies in chronic pain patients with neurological deficit. Hence, this request appears reasonable and WAS medically necessary.

MRI BILATERAL SHOULDERS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Shoulder chapter, MRI

Decision rationale: The patient presents with pain and stiffness in neck, low back, bilateral upper and lower extremities along with a burning sensation over the varicose veins, as per progress report dated 10/23/13. The request is for MRI BILATERAL SHOULDERS. The patient is also suffering from urinary incontinence. Medications, as per the report, include liquid Advil and Excedrin. The patient is working with some restrictions, as per the same progress report. ACOEM Guidelines has the following regarding shoulder MRI on pages 207-208, "Routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raise a suspicion of a serious shoulder condition or referred pain." ACOEM Guidelines page 207-208 continue to state that the primary criteria for ordering imaging studies include: 1.) emergence of red flags; 2.) physiologic evidence of tissue insult; 3.) failure to progress in strengthening program; and 4) clarification of anatomy prior to an invasive procedure. ODG Guidelines under shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. In this case, only one progress report dated prior to the UR date of 11/15/13 has been provided for review. In progress report dated 10/23/13, the patient complains of pain and stiffness in bilateral shoulders. Physical examination reveals mild impingement in both shoulders, right greater than left. Range of motion is mildly restricted as well. The treater is requesting for MRI to understand the "nature and extent of her injuries and disabilities." The Request for Authorization form is dated 11/06/13. A bilateral shoulder MRI report dated 12/18/13 has been provided for review. The report reveals supra-spinatus tendon tear, infraspinatus tendinosis, and AC joint arthrosis on both sides. A review of the available reports indicates that there are no prior MRIs of the low back. ODG guidelines allow for imaging studies in chronic pain patients when "conservative

measures have failed and rotator cuff/labral tear are suspected." Hence, this request appears reasonable and WAS medically necessary.

NEUROLOGIC TESTING LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient presents with pain and stiffness in neck, low back, bilateral upper and lower extremities along with a burning sensation over the varicose veins, as per progress report dated 10/23/13. The request is for NEUROLOGIC TESTING LOWER EXTREMITIES. The patient is also suffering from urinary incontinence. Medications, as per the report, include liquid Advil and Excedrin. The patient is working with some restrictions, as per the same progress report. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG guidelines under foot/ankle chapter does not discuss electrodiagnostics. In this case, only one progress report dated prior to the UR date of 11/15/13 has been provided for review. In progress report dated 10/23/13, the patient has pain in low back and bilateral knees and ankles. The treater further states that neurologic studies are to evaluate pain and weakness in the patient's extremities but does not specify the type of neurologic testing being requested. The progress report does not document any neurological findings nor does the treater express a suspicion of neuropathic pain. The purpose of this request is not evident from the available documentation. The patient underwent EMG testing for lower extremities on 01/09/14 which came back normal. Assuming that this was the neurologic testing being requested by the treater, the request IS NOT medically necessary.