

Case Number:	CM15-0114351		
Date Assigned:	06/26/2015	Date of Injury:	10/08/2010
Decision Date:	10/02/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 44-year-old man sustained an industrial injury on 10/8/2010. The mechanism of injury is not detailed. Diagnoses include cervical and lumbar disc bulges. Treatment has included oral medications. The MRI of the cervical spine was noted not be non-significant except for a 2mm disc bulge at C3-C4. Physician notes on a doctor's first report of occupational injury or illness form dated 2/9/2015 show complaints of neck, bilateral thigh, bilateral leg, low back, bilateral shoulder, and bilateral elbow pain. Recommendations include physical therapy, cervical and lumbar spine MRIs, electromyogram of the bilateral lower extremities, and cervical and lumbar x-rays, pain medicine consultation, internal medicine consultation, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xWk x 6Wks for cervical spine, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back, Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain when standard NSAIDs, behavioral modification and exercise are not effective. The guidelines recommend that patients proceed to a home exercise program after completion of supervised PT. The records indicate that the patient had previously completed supervised PT following the 2010 injury. There is no indication of a recent re-injury or significant exacerbation of the musculoskeletal pain. The criteria for PT 2 times / week for 6 weeks was not medically necessary.

X-ray of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that radiological studies can be utilized for the evaluation of neurological deficits red flag condition associated with musculoskeletal pain when clinical examination and plain X-rays are inconclusive. The records did not show new onset of neurological deficits or the presence of a red flag condition. The radiological tests following the injury did not show significant changes that would be consistent with radiculopathy or neurological deficit. There is no documentation of recent symptomatic deterioration of neck and low back condition. The criteria for X-ray of the cervical spine was not medically necessary.

EMG of the left lower extremity: 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) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-315, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 6, 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that EMG studies can be utilized for the evaluation of neurological deficits red flag condition associated with musculoskeletal pain when clinical examination and plain X-rays are inconclusive. The records did not show new onset of neurological deficits or the presence of a red flag condition. The radiological tests following the injury did not show significant changes that would be consistent with radiculopathy or neurological deficit. There is no documentation of recent symptomatic deterioration of neck and low back condition. The criteria for EMG of the left lower extremity was not medically necessary.

X-ray of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that radiological studies can be utilized for the evaluation of neurological deficits red flag condition associated with musculoskeletal pain when clinical examination and plain X-rays are inconclusive. The records did not show new onset of neurological deficits or the presence of a red flag condition. The radiological tests following the injury did not show significant changes that would be consistent with radiculopathy or neurological deficit. There is no documentation of recent symptomatic deterioration of the low back condition. The criteria for X-ray of the lumbar spine was not medically necessary.

MRI without contrast lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-315, Chronic Pain Treatment Guidelines 9792.23.5 Page(s): 6, 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI studies can be utilized for the evaluation of neurological deficits red flag condition associated with musculoskeletal pain when clinical examination and plain X-rays are inconclusive. The records did not show new onset of neurological deficits or the presence of a red flag condition. The radiological tests following the injury did not show significant changes that would be consistent with radiculopathy or neurological deficit. There is no documentation of recent symptomatic deterioration of neck and low back condition. The criteria for MRI without contrast of the lumbar spine was not medically necessary.

MRI without contrast cervical spine: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 168-188, Chronic Pain Treatment Guidelines 9792.23.1 Page(s): 6, 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI studies can be utilized for the evaluation of neurological deficits red flag condition associated with musculoskeletal pain when clinical examination and plain X-rays are inconclusive. The records did not show new onset of neurological deficits or the presence of a red flag condition. The radiological tests including the 2011 MRI following the injury did not show significant changes

that would be consistent with radiculopathy or neurological deficit. There is no documentation of recent symptomatic deterioration of neck and low back condition. The criteria for MRI without contrast of the cervical spine was not medically necessary.

EMG of the right lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.2.1 Page(s): 6, 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that EMG/NCV studies can be utilized for the evaluation of neurological deficits red flag condition associated with musculoskeletal pain when clinical examination and plain X-rays are inconclusive. The records did not show new onset of neurological deficits or the presence of a red flag condition. The radiological tests following the injury did not show significant changes that would be consistent with radiculopathy or neurological deficit. There is no documentation of recent symptomatic deterioration of neck and low back condition. The criteria for EMG of the right lower extremity was not medically necessary.