

Case Number:	CM15-0024699		
Date Assigned:	03/25/2015	Date of Injury:	03/20/2014
Decision Date:	05/11/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/09/2015

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: Arizona, California, Florida
 Certification(s)/Specialty: Family Practice

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 51-year-old female with a reported date of injury on 03/20/2014. The mechanism of injury was not provided for review. The injured worker's diagnoses include cervical disc protrusion, cervical dysfunction, cervical muscle spasm, cervical myalgia, cervical myofasciitis, cervical myospasm, cervical sprain/strain, lumbar disc displacement, lumbar disc protrusion, lumbar dysfunction, lumbar muscle spasm, lumbar radiculitis, lumbar sprain/strain, sciatica, right shoulder internal derangement, right shoulder adhesive tendinitis, and right shoulder calcific tendinitis. The injured worker's therapy to date was noted to include physical therapy. An MRI of the cervical spine performed on 08/18/2014 was noted to reveal central focal disc protrusion that abuts the spinal cord producing spinal canal narrowing at C3-4, central focal disc protrusion that abuts the thecal sac at C5-6, and straightening of the cervical lordosis which may be due to myospasm. The most recent progress note was dated 03/04/2015 and indicated that the injured worker has numerous subjective complaints, to include 7/10 pain in cervical spine, 5/10 pain in the thoracic spine, 7/10 pain in the lumbar spine, 7/10 pain in the right shoulder, 6/10 pain to the left knee. On physical examination of the cervical spine, it was noted that the injured worker had restricted range of motion, as well as tenderness to palpation to the cervical paraspinal musculature. There was also evidence of muscle spasm to the cervical paravertebral musculature. Examination of the thoracic spine demonstrated slight to decreased range of motion during flexion, as well as tenderness and muscle spasm to the paravertebral musculature. Examination of the lumbar spine demonstrated decreased range of motion, as well as tenderness and muscle spasm to the paravertebral musculature. Examination of the right

shoulder demonstrated decreased range of motion that was painful. There was also noted to be tenderness to palpation of the anterior and posterior shoulder. The treatment requested included lumbar brace for the lumbar spine; NCV/EMG for the thoracic spine, lumbar spine, and the left knee; MRI of the thoracic spine, lumbar spine, right shoulder, and left knee; x-ray of the cervical spine, thoracic spine, and lumbar spine; ESWT for the thoracic spine, right shoulder, and left knee; and physical therapy for the cervical spine, thoracic spine, lumbar spine, right shoulder, and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, Lumbar Supports.

Decision rationale: The California MTUS/ACOEM Guidelines do not address this request; however, the Official Disability Guidelines state that lumbar supports are not currently recommended for prevention but may be recommended for the treatment of compression fractures, spondylolisthesis, and/or documented instability. There was lack of evidence within the documentation provided that the injured worker has compression fracture, spondylolisthesis, or documented instability that would benefit from the use of a lumbar support. Additionally, there is lack of rationale provided for this request. Therefore, the request for lumbar brace is not medically necessary.

DNA testing: 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) and www.cytokineinstitute.com, 2 Articles: (Gaven, 2007) (Gillis, 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Genetic testing for potential opioid abuse.

Decision rationale: The California MTUS/ACOEM Guidelines do not address the request; however, the Official Disability Guidelines state that genetic testing is not currently recommended as studies are inconsistent and genetic testing is considered experimental based on current research. This request cannot be supported as it is not currently recommended by treatment guidelines. Additionally, there is a lack of rationale regarding the necessity of this request. Therefore, the request for DNA testing is not medically necessary.

NCV/EMG of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMGs (electromyography), Nerve conduction studies (NCS).

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines state that electromyography may be useful to identify subtle, focal neurological dysfunction in injured workers with low back symptoms lasting more than 3 to 4 weeks. Additionally, the Official Disability Guidelines state that electromyography may be recommended as an option to obtain unequivocal evidence of radiculopathy after at least 1 month of conservative care. Additionally, the Official Disability Guidelines continue by stating that nerve conduction studies are not currently recommended as there is minimal justification to perform nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is a lack of rationale provided for the medical necessity of this request. Additionally, there is lack of evidence that the injured worker is suffering from neurological dysfunction of the lower extremities that would support electrodiagnostic testing. Furthermore, nerve conduction studies are not currently recommended by the treatment guidelines. Therefore, the request for NCV/ EMG of the lumbar spine is not medically necessary.

Orthopedic surgical consult for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: According to the American College of Occupational and Environmental Medicine Guidelines, injured workers may be considered for referral for surgical consultation when there is evidence of severe disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise; there is evidence of activity limitations due to radiating lower leg pain for more than 1 month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; and/or evidence of failure of conservative treatment to resolve disabling radicular symptoms. There is a lack of evidence within the documentation that the injured worker has severe disabling lower leg symptoms that are associated with radiculopathy that is corroborated by imaging study to warrant the necessity of surgical referral. Therefore, the request for orthopedic surgical consult for the lumbar spine is not medically necessary.

MRI of the cervical spine: 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).

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

Decision rationale: According to the American College of Occupational and Environmental Medicine Guidelines, imaging studies in injured workers with neck complaints may be considered when there is emergence of a red flag, physical evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and there is a need for clarification of the anatomy prior to an invasive procedure. There is a lack of evidence within the documentation that the injured worker has tissue insult or neurological dysfunction and there is no indication that there is a need for clarification of the anatomy prior to an invasive procedure. Additionally, it remains unclear as to why a repeat MRI of the cervical spine is being requested as there is lack of evidence that the injured worker's symptomology or exam findings have significantly changed since the most recent MRI of the cervical spine. Furthermore, there is no rationale provided for this request. Therefore, the request for MRI of the cervical spine is not medically necessary.

MRI of the lumbar spine: 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).

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

Decision rationale: According to the American College of Occupational and Environmental Medicine Guidelines, unequivocal objective findings that identify specific nerve compromise on neurological examination is sufficient evidence to warrant imaging studies in injured workers who do not respond to treatment who would consider surgery an option. There is lack of evidence within the documentation that the injured worker has specific nerve compromise on neurological examination to warrant the necessity for MRI of the lumbar spine. Therefore, the request for MRI of the lumbar spine is not medically necessary.

VSNCT of the lumbar spine: 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).

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, Nerve conduction studies (NCS).

Decision rationale: The California MTUS/ACOEM Guidelines do not address request; however, the Official Disability Guidelines state that nerve conduction studies are not currently

recommended. There was a lack of rationale as to why the physician is requesting sensory nerve conduction threshold testing. Additionally, there is lack of evidence that the injured worker has symptomology and or physical exam findings in the low extremities that would warrant the need for nerve conduction testing. As such, the request for VSNCT of the lumbar spine is not medically necessary.

ESWT of the thoracic and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Peer reviewed literature "Extracorporeal Shock Wave Therapy for Orthopedic Conditions".

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, Shock wave therapy.

Decision rationale: The California MTUS/ACOEM Guidelines do address this request; however, the Official Disability Guidelines state that shockwave therapy is not currently recommended as available evidence does not support the effectiveness of shockwave therapy for treating low back pain. There is a lack of rationale provided for this requested treatment and the treatment guidelines do not currently recommended shockwave therapy for treatment of low back pain. Therefore, the request for ESWT of the thoracic and lumbar spine is not medically necessary.

Physical therapy for the thoracic spine, once a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic Chapter.

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

Decision rationale: According to California MTUS Guidelines, physical medicine may be recommended up to 10 visits over 8 weeks. However, the documentation indicates that injured worker had physical therapy in the past. However, it remains unclear how many sessions of physical therapy the injured worker already received and what specific body parts the physical therapy addressed. Additionally, there is lack of significant functional deficits present in the thoracic spine that would warrant the necessity of supervised physical therapy. Therefore, the request for physical therapy for the thoracic spine 1 a week for 6 weeks is not medically necessary.

Urine analysis testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, use of urine drug screening may be recommended to assess for issues of abuse, addiction, poor pain control, and to assess for appropriate medication use. There is lack of rationale regarding the medical necessity for this request as the injured worker was noted to have a urine drug screen performed in 12/2014. There is lack of evidence that the injured worker is having issues of abuse, addiction, poor pain control. Additionally, there was no indication that the injured worker is currently prescribed opioid medications which would require the use of periodic urine drug screening. Therefore, the request for urine analysis testing is not medically necessary.