

Case Number:	CM15-0076670		
Date Assigned:	04/28/2015	Date of Injury:	01/17/2007
Decision Date:	07/01/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/21/2015

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, California

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:

This is a 57 year old male patient who sustained an industrial injury on 01/17/2007. The diagnoses include lumbar radiculopathy, and internal derangement of knee. Per the primary treating office visit dated 03/26/2015, he had no significant improvement since last visit. The physical examination revealed lumbar spine- tenderness, spasm, decreased range of motion, decreased sensation in left foot and positive straight leg raising on the left, normal strength; left knee- tenderness, full range of motion and positive Mc Murray sign. The current medications list includes Carisoprodol, naproxen, and Omeprazole. The patient is currently not working. He last worked on 01/11/2007. Per the note dated 2/26/15, he has present complaints of continuous neck pain that radiates to his left shoulder, and down the left arm and is associated with paresthesia's. He is also with complaint of headaches, mid back pain, bilateral shoulders, bilateral elbows, bilateral hands/wrists, and bilateral legs. He suffers from bouts of depression and difficulty sleeping. He is currently prescribed: Advil, Metformin, and Combigan. There is no change in the treating diagnoses. He has had EMG lower extremity, which revealed bilateral L4, L5 and S1 radiculopathy; lumbar MRI dated 5/19/2007 which revealed disc bulges at L1-2, L2-3 and L3-4, tear and disc bulge at L4-5. Patient was authorized/partially certified for 6 physical therapy visits. The plan of care noted: physical therapy, nerve conduction study, and magnetic resonance imaging study. He is to follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 weeks for the low back and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Request- Physical therapy 3x4 weeks for the low back and left knee. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Requested number of visits are more than recommended by the cited criteria. Specific number of visits since date of injury is not specified in the records provided. In addition, patient was authorized /partially certified for 6 physical therapy visits. Response to this recent therapy is not specified in the records provided. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy 3x4 weeks for the low back and left knee is not medically necessary for this patient at this time.

EMG/NCV 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.

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

Decision rationale: Request- EMG/NCV of the bilateral lower extremities. Special studies and diagnostic and treatment consideration. Per ACOEM chapter 12 guidelines, "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." Per the records provided patient has chronic pain in the lower back and right knee and physical examination revealed lumbar spine- tenderness, spasm, decreased range of motion, decreased sensation in left foot and positive straight leg raising on the left, normal strength; left knee- tenderness, full range of motion and positive Mc Murray sign. Patient has already had EMG (unspecified date) of the lower extremities which revealed bilateral L4, L5 and S1 radiculopathy. This EMG report is not specified in the records provided. Significant change in signs or symptoms since this study that would require repeat EMG/NCS is not specified in the records provided. Response to recent conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. EMG/NCV of lower extremities is not medically necessary for this patient at this time.

MRI of the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 52. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 05/15/15) MRIs (magnetic resonance imaging).

Decision rationale: Request- MRI of the low back. Per ODG low back guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neuro compression, recurrent disc herniation)." Patient has already had EMG lower extremity, which revealed bilateral L4, L5 and S1 radiculopathy; lumbar MRI dated 5/19/2007 which revealed disc bulges at L1-2, L2-3 and L3-4, tear and disc bulge at L4-5. Significant change in signs or symptoms since these diagnostic studies that would require a lumbar MRI is not specified in the records provided. Response to recent conservative therapy including physical therapy is not specified in the records provided. A recent lumbar spine X-ray report is also not specified in the records provided. MRI of the low back is not medically necessary for this patient.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343: Table 13-5. Ability of Various Techniques to Identify and Define Knee Pathology and Page 341: Special Studies and Diagnostic and Treatment Considerations.

Decision rationale: Request- MRI of the left knee. Per the ACOEM guidelines cited above, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." Patient was advised to start physical therapy. Failure to a complete course of recent conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. Patient had full range of motion of the left knee. Significant objective evidence of internal derangement/ligament injury is not specified in the records provided. A left knee X-ray report is also not specified in the records provided. MRI of the left Knee is not medically necessary for this patient.