

Case Number:	CM15-0096162		
Date Assigned:	05/26/2015	Date of Injury:	11/21/2014
Decision Date:	07/01/2015	UR Denial Date:	04/19/2015
Priority:	Standard	Application Received:	05/19/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

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 23-year-old male sustained an industrial injury on 11/21/14 due to a slip and fall. He subsequently reported multiple areas of injury and pain. Diagnoses include cervical disc herniation, lumbar and thoracic disc displacement without myelopathy, partial tear of rotator cuff tendon left shoulder, left hip strain/ sprain, tear of medial meniscus left knee, cruciate ligament sprain of the left knee, and left ankle sprain/strain. Treatments and evaluation to date include MRI and x-ray testing, use of a neck brace and walker, physical therapy and medications. Reports from November 2014 to April 2015 were submitted. During a hospitalization immediately after the injury, the injured worker underwent computed tomography (CT) scan of the head, neck, chest, abdomen and pelvis, and MRI scan of the cervical, thoracic, and lumbar spine as well as neurosurgical consultation. At a visit in February 2015, functional improvement as a result of physical therapy was noted, with report of increased activities of daily living including ability to walk comfortably for five minutes. At a visit on 4/6/15, the injured worker continues to experience low back pain with radiation to the left lower extremity, as well as neck, upper back, left knee, left ankle and foot, left hip and left shoulder pain. Upon examination, there was tenderness in the bilateral paraspinal muscles in the cervical, thoracic, and lumbar areas and left gluteus medius muscles. Spurling's, Kemp's, Yeoman's and straight leg raising tests were positive bilaterally. There was tenderness and spasm of the left rotator cuff muscles and left upper shoulder muscles, with positive Codman's, Speeds, and supraspinatus test on the left. Examination of the left knee showed tenderness in the left anterior joint line, vastus medialis, vastus lateralis and popliteal fossa, with positive Valgus test, Drawer test, and McMurray's test.

MRI of the lumbar spine showed disc protrusions with abutment of the right L4, L5, and S1 nerve roots. A request for one pain management referral for evaluation for epidural steroid injections to the lumbar spine, one NCV/EMG of the bilateral lower extremities, Naproxen, one 3D MRI of the left shoulder, one 3D MRI of the left knee and two spinal epidural steroid injections was made by the treating physician. On 4/19/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS, ACOEM, ODG, and additional guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-311. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: office visits.

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Per the MTUS, in some cases epidural steroid injections may be considered for the treatment of radicular pain. Such injections may be performed by a pain management specialist. In this case, the treating physician has documented a request for pain management referral for evaluation for epidural steroid injections to the lumbar spine. The epidural steroid injections have been determined to be not medically necessary. As such, the request is not medically necessary.

NCV/EMG of the Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: EMGs (electromyography), nerve conduction studies.

Decision rationale: The ACOEM states that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but that EMGs are not necessary if radiculopathy is already clinically obvious. The ODG states that nerve conduction studies are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There are no reports from

the prescribing physician, which adequately describe neurologic findings that necessitate electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits; no detailed neurological examination was submitted. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. In addition, the guidelines state that nerve conduction studies of the lower extremities are not recommended. As such, the request is not medically necessary.

3D MRI of the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200, 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter: MRI.

Decision rationale: The ACOEM states that for most patients with shoulder problems, special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain, imaging may be indicated to clarify the diagnosis and assist reconditioning. Primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. Magnetic resonance imaging (MRI) may be the preferred investigation because it demonstrates soft tissue anatomy better. It is relatively better able to identify or define pathology such as rotor cuff tear, recurrent dislocation, tumor, and infection. In this case, the injured worker has subacute left shoulder pain. There was no documentation of red flag conditions or plan for surgery. The documentation indicates that the injured worker had attended some physical therapy, but no physical therapy notes were submitted and it was not made clear from the documentation submitted whether the injured worker had undergone physical therapy that included treatment of the shoulder. Due to lack of documentation of red flag condition, lack of evidence of tissue insult or neurovascular dysfunction, lack of documentation of failure to progress in a strengthening program, and lack of documentation of plan for surgery or an invasive procedure, the request is not medically necessary.

3D MRI of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 332-335, 341-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee/leg chapter: MRIs.

Decision rationale: The ACOEM states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Magnetic resonance imaging (MRI) is noted to be able to identify and define knee pathology for meniscus tear, ligament strain, ligament tear, patellofemoral syndrome, tendinitis, and prepatellar bursitis. The ODG states that soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. The ODG also states that in most cases, diagnosing osteoarthritis with an MRI is unnecessary. Indications for MRI of the knee per the ODG are acute trauma to the knee or suspicion of posterior knee dislocation or ligament or cartilage disruption, and nontraumatic knee pain with initial nondiagnostic radiographs and suspicion of internal derangement, or if radiographs demonstrate evidence of internal derangement. In this case, the injured worker has subacute left knee pain. There was no documentation of conservative care for the left knee. Although use of NSAIDS was noted, and it was noted that the injured worker had attended some physical therapy, the therapy notes were not submitted and there was no documentation of physical therapy specifically for the treatment of the knee. Plain radiographs of the knee were not submitted. Due to lack of documentation of conservative care for the left knee and lack of submission of plain radiographs of the knee, the request is not medically necessary.

Two (2) Spinal Epidural Steroid Injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, nonsteroidal anti-inflammatory agents (NSAIDS), and muscle relaxants. An epidural steroid injection must be at a specific side and level. No more than one interlaminar level should be injected at one session. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. In this case, the injured worker has subacute to chronic low back pain. He has been treated with physical therapy and NSAIDs, with some functional improvement noted as a result of physical therapy. There were some nonspecific findings on examination, but no detailed neurological examination was submitted to corroborate radiculopathy in light of the MRI findings. No electrodiagnostic testing was submitted. The side and levels to be injected were not specified, and were not made clear in the medical records, as nerve abutment at three levels (L4, L5, and S1) was discussed and the request is for two epidural steroid injections. Due to insufficient findings of radiculopathy, and insufficiently specific prescription, the request is not medically necessary.