

Case Number:	CM15-0097058		
Date Assigned:	06/01/2015	Date of Injury:	01/17/2001
Decision Date:	07/08/2015	UR Denial Date:	04/22/2015
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:

The injured worker is a 73 year old female who sustained an industrial injury on 1/17/01 due to a fall. She reported bilateral knee, head and neck injuries. The injured worker was diagnosed as having cervical radiculopathy, thoracic radiculopathy, lumbar radiculopathy, bilateral knee pain, rule out internal derangement, status post right total knee replacement, bilateral shoulder tendinitis, bilateral carpal tunnel syndrome, bilateral DeQuervain's, anxiety and gastroesophageal reflux disease (GERD). Treatment to date has included oral medications, physical therapy in 2002, topical medications, knee surgery, and activity restrictions. At an initial consultation visit with the primary treating physician on 2/11/15, the injured worker complains of neck pain, upper and mid back pain, low back pain and bilateral knee pain. Work status was noted as temporarily totally disabled. Physical exam showed tenderness and spasm over the bilateral paracervical area of the neck with restricted range of motion, positive Spurling test, positive Tinel's, Phalen's, and Finkelstein's tests (side unspecified), abnormal sensory exam of the thumb, index finger, and small finger (side unspecified), exam of upper and lower back noted tenderness and spasm over the bilateral paravertebral regions, decreased range of motion of the low back, positive bilateral straight leg raise, tenderness over bilateral medial and lateral knee with decreased range of motion, positive valgus and varus stress testing, and positive McMurray and Apley tests (side unspecified). Abnormal sensation was noted in the knee, lateral calf, and lateral foot (side unspecified). Sensory examination was elsewhere described as intact, muscle strength was normal, and deep tendon reflexes were unremarkable. X-rays of the cervical spine, lumbar spine, bilateral knees, and thoracic spine were performed and results were

noted to be pending. The treatment plan included physical therapy, electrodiagnostic studies of upper and lower extremities, (MRI) magnetic resonance imaging of cervical spine, lumbar spine and left knee, and prescriptions for Mentherm, Norflex, Anaprox and Prilosec. On 4/22/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS, ACOEM, ODG, and additional medical literature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen sessions of physical therapy for the cervical, upper, and lower back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic), Physical therapy and Neck and Upper Back (Acute & Chronic), Physical Therapy.

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

Decision rationale: Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The ODG states that patients should be formally assessed after a six visit clinical trial to evaluate whether physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Both the MTUS and ODG note that the maximum number of sessions for unspecified myalgia and myositis is 9-10 visits over 8 weeks, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, the injured worker has chronic widespread pain. Prior physical therapy (PT) was performed in 2002; the documentation submitted did not include physical therapy notes, there was no discussion of the outcome of therapy, and the number of sessions completed was not specified. As the prior PT was in the remote past, the current request is consistent with an initial course of treatment. The number of sessions requested (16) is in excess of a clinical trial of six visits as well as the maximum number of sessions recommended by the guidelines (10). As such, the request for sixteen sessions of physical therapy for the cervical, upper, and lower back is not medically necessary.

MRI of the left knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), MRI's.

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, patelofemoral 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. Repeat MRIs are indicated in the post-surgical state if there is need to assess knee cartilage repair tissue; routine use of MRIs for follow-up of asymptomatic patients following knee arthroplasty is not recommended. In this case, the injured worker has chronic bilateral knee pain with a history of right total knee replacement. The request is for MRI of the left knee. There were some abnormal findings noted on physical examination, but the side was unspecified. There was no history of reinjury or recent acute trauma documented. The documentation indicates that plain radiographs of the knees were performed on 2/11/15, but results were not submitted. No suspected clinical diagnosis or specific reason for the MRI of the left knee was discussed. Due to lack of sufficiently specific description of pertinent physical examination findings, insufficient discussion of any indication for the requested test, lack of evidence of acute trauma, and lack of discussion of findings on plain radiographs, the request for MRI of the left knee without contrast is not medically necessary.

MRI of the cervical spine without contrast: 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), Neck and Upper Back (Acute & Chronic), MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170-172, 177-179, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: MRI.

Decision rationale: This injured worker has complaint of neck pain. The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for red flag conditions (tumor, infection, fracture, or dislocation), physiological evidence of neurological dysfunction, and prior to an invasive procedure. Physiologic evidence may be in the form of neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. This injured worker had no objective evidence of any of these conditions or indications for an invasive procedure. The treating physician has not documented any specific neurological deficits or other signs of significant pathology. Motor testing and reflexes were normal, and sensory examination was described as both abnormal with some findings noted (but at unspecified side) and as intact in another portion of the same progress note. No red flag conditions were discussed. Imaging is not generally necessary absent a 3-4 week period of conservative care. The initial injury was in 2002, with some remote treatment with physical therapy and medication noted. The treating

physician did not describe a recent adequate course of conservative care prior to prescribing an imaging study. The MRI of the cervical spine without contrast is not medically necessary based on the recommendations in the MTUS.

MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic), MRI's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: MRI.

Decision rationale: The ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. This injured worker has complaint of low back pain in bilateral lumbar regions with radiation to bilateral buttock and thigh. There were no objective findings of specific nerve compromise. Motor testing and reflexes were normal, and sensory examination was described as both abnormal with some findings noted (but at unspecified side) and as intact in another portion of the same progress note. No red flag conditions were discussed. There was no discussion of consideration of surgery. No electrodiagnostic studies were submitted. MRI of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself indication for MRI. As such, the request for MRI of the lumbar spine without contrast is not medically necessary.

Small pain fibers nerve conduction study (SPF/NCS) for the cervical, thoracic, and lumbar spine and the upper extremities: 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), Pain (Chronic), Neck and Upper Back (Acute & Chronic), Shoulder (Acute & Chronic), and Low Back-Lumbar & Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): ch 8 p. 168-171, 182, ch 11 p. 268-269, 272, ch 12 p. 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: EMGs (electromyography), nerve conduction studies neck and upper back chapter: EMG, nerve conduction studies.

Decision rationale: This injured worker has complaints of neck and back pain. There were minimal abnormal physical examination findings to suggest the presence of radiculopathy or neuropathy. The treating physician has not documented any specific neurological deficits or other signs of significant pathology. Motor testing and reflexes were normal, and sensory examination was described as both abnormal with some findings noted (but at unspecified side) and as intact in another portion of the same progress note. The ODG low back chapter 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. The ACOEM states that nerve conduction velocity (NCV) is recommended for median or ulnar impingement at the wrist after failure of conservative treatment. One portion of the sensory examination suggests possible median nerve impingement, without notation of whether the findings were on the left or right side, and there was no documentation of conservative treatment for possible carpal tunnel syndrome. The ODG states that nerve conduction studies are recommended for patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. In this case, there were insufficient side-specific clinical findings to support the presence of carpal tunnel syndrome or the need for surgery. The ODG neck and upper back chapter states that nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG does not clearly demonstrate radiculopathy or is clearly negative, or to differentiate radiculopathy from other neuropathies or non- neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, there were insufficient findings of radiculopathy, and no prior EMG was submitted. Due to lack of specific indication, the request for small pain fibers nerve conduction study (SPF/NCS) for the cervical, thoracic, and lumbar spine and the upper extremities is not medically necessary.

Electromyogram/Nerve Conduction Study for the bilateral lower extremities: 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), Pain (Chronic), EMG/NCS.

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 low back chapter 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. In this case, there was no clinically obvious radiculopathy. The injured worker reported low back pain. Motor testing and reflexes were normal, and sensory examination was described as both

abnormal with some findings noted (but at unspecified side) and as intact in another portion of the same progress note. There was no discussion of a recent course of conservative therapy. Due to lack of documentation of trial of conservative therapy, and as the nerve conduction study portion of the requested testing is not recommended by the guidelines for evaluation of the lower extremities, the request for Electromyogram/Nerve Conduction Study for the bilateral lower extremities is not medically necessary.

Sixteen chiropractic manipulation sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Low Back-Lumbar & Thoracic (Acute & Chronic), and Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: This injured worker has complaint of neck, back, and knee pain. There was no discussion of any prior chiropractic treatment, and as such, this request is consistent with an initial request for chiropractic therapy. Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. The MTUS states that maintenance manipulation is not recommended. Per the MTUS, chiropractic manipulation is not recommended for the Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, Knee. The site to be treated with chiropractic therapy was not specified. The number of sessions requested (16) is in excess of the guideline recommendations for a trial of 6 visits. As such, the request for sixteen chiropractic manipulation sessions is not medically necessary.

Electromyogram/Nerve Conduction Study for the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) and Forearm, Wrist, & Hand (Acute & Chronic), Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): ch 8 p. 168-171, 182, ch 11 p. 268-269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: EMG, nerve conduction studies.

Decision rationale: This injured worker has complaint of neck pain. The ACOEM recommends EMG (electromyogram) to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural steroid injection. In this case, there was no documentation of plan for surgery or epidural steroid injection. Examination findings did not demonstrate specific

nerve root dysfunction. Motor testing and reflexes were normal, and sensory examination was described as both abnormal with some findings noted (but at unspecified side) and as intact in another portion of the same progress note. Nerve conduction velocity (NCV) is recommended for median or ulnar impingement at the wrist after failure of conservative treatment. There were some findings suggestive of possible carpal tunnel syndrome, with decreased sensation in median nerve distribution (but at unspecified side) and positive Tinel's and Phalen's signs (also at unspecified side), but there was no documentation of conservative treatment for possible carpal tunnel syndrome. The ODG notes that EMG is moderately sensitive in relation to cervical radiculopathy. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG does not clearly demonstrate radiculopathy or is clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. In this case, there were no clear clinical signs of cervical radiculopathy, and no prior EMG testing was discussed. Due to lack of specific indication, insufficient findings on neurological examination, and lack of documentation of trial of conservative measures for possible carpal tunnel syndrome, the request for Electromyogram/Nerve Conduction Study for the bilateral upper extremities is not medically necessary.