

Case Number:	CM13-0009406		
Date Assigned:	12/18/2013	Date of Injury:	03/11/2013
Decision Date:	04/17/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/09/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient reported a date of injury of 03/11/2013. Diagnoses were cervical sprain, cervical radiculopathy, lumbar sprain, lumbar radiculopathy, bilateral ankle tendonitis - as documented in the primary treating physician report dated 06-24-13 by [REDACTED]. Mechanism of injury was: While working as a housekeeper, patient was mopping the laundry room when she slipped and fell backwards hitting her head against a machine in the laundry room. [REDACTED] Initial Comprehensive Orthopedic Evaluation of a Primary Treating Physician 06-24-13: Subjective complaints included neck pain and stiffness, pain traveling to her arms and hands, episodes of numbness and tingling in her arms and hands; shoulder pain; pain in the upper and lower back, pain traveling to her legs and feet, episodes of numbness and tingling in her legs and feet, no bowel or bladder dysfunction; ankle pain. Utilization review dated 07-22-13 by [REDACTED] recommended Non-Certification of the request for BUE EMG/NCV, BLE EMG/NCV, MRI Cervical Spine, MRI Left Ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR BILATERAL UPPER EXTREMITIES ELECTROMYOGRAPHY (EMG): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 178, 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints (Page 181-183) Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints: EMG is recommended to clarify nerve root dysfunction in cases of suspected disc herniation preoperatively or before epidural injection. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic): An EMG is not necessary for the diagnosis of intervertebral disk disease with radiculopathy; rather, its value lies in differentiating other types of neuritis, neuropathy, or muscle abnormalities from radicular neuropathy and for cases where the etiology of the pain is not clear. Cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy. Progress notes by [REDACTED] document cervical radiculopathy, cervical sprain, neck pain and spasm, upper extremity pain, decreased sensation along left C6 dermatome. Patient has been diagnosed with cervical radiculopathy. ODG guidelines state: "EMG is not necessary for the diagnosis of intervertebral disk disease with radiculopathy." Patient is not undergoing preoperative evaluation for cervical spine surgery or epidural injection. Therefore, the medical records and guidelines do not support the medical necessity of bilateral upper extremities electromyography (EMG). Therefore, the request for Bilateral Upper Extremities Electromyography (EMG) is not medically necessary.

REQUEST FOR BILATERAL UPPER EXTREMITIES NERVE CONDUCTION VELOCITY (NCV): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 178, 181-183.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints (Page 181-183) Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints does not recommend nerve conduction studies. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) state: There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy. Progress notes by [REDACTED] document cervical radiculopathy, cervical sprain, neck pain and spasm, upper extremity pain, decreased sensation along left C6 dermatome. Patient has been diagnosed with cervical radiculopathy. ODG guidelines state that cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Because the patient has a diagnosis of cervical radiculopathy,

ODG guidelines do not support the medical necessity of nerve conduction studies. Therefore, the request for Bilateral Upper Extremities Nerve Conduction Velocity (NCV) is not medically necessary.

REQUEST FOR BLE ELECTROMYOGRAPHY (EMG): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): s 303, 308-309; 333-796. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic)

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Low Back Complaints Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints states that EMG for clinically obvious radiculopathy is not recommended, Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) state that EMGs are not necessary if radiculopathy is already clinically obvious. Lumbar radiculopathy was diagnosed and documented in [REDACTED] Initial Comprehensive Orthopedic Evaluation of a Primary Treating Physician 06-24-13. The patient had radiculopathy in the left lower extremity. MRI lumbar spine 04-29-13 reported degenerative changes which do not result in severe central canal or neuroforaminal stenosis, L4-L5 disc bulge 2 mm, L5-S1 disc bulge 2 mm. Patient has the diagnosis of lumbar radiculopathy. MTUS and ODG guidelines state that EMGs are not necessary if radiculopathy is already clinically obvious. Therefore, MTUS and ODG guidelines do not support the medical necessity of bilateral lower extremities EMG. Therefore, the request for BLE electromyography (EMG) is not medically necessary.

REQUEST FOR BLE NERVE CONDUCTION VELOCITY (NCV): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): s 303, 308-309; 333-796. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

Decision rationale: MTUS guidelines do not discuss nerve conduction studies (NCS) in the Low Back Complaints chapter. Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) state that nerve conduction studies (NCS) is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Lumbar radiculopathy was diagnosed and documented in [REDACTED] Initial Comprehensive Orthopedic Evaluation of a Primary Treating Physician 06-24-13. The patient had radiculopathy in the left lower extremity.

MRI lumbar spine 04-29-13 reported degenerative changes which do not result in severe central canal or neuroforaminal stenosis, L4-L5 disc bulge 2 mm, L5-S1 disc bulge 2 mm. Patient has the diagnosis of lumbar radiculopathy. Official Disability Guidelines (ODG) state that nerve conduction studies are not recommended. Therefore, ODG guidelines do not support the medical necessity of bilateral lower extremities Nerve Conduction Velocity (NCV). Therefore, the request for BLE Nerve Conduction Velocity (NCV) is not medically necessary

REQUEST FOR FCE (FUNCTIONAL CAPACITY EVALUATION) RIGHT TRUNK FOR LOWER AND UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 1 states: There is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 states: There is little scientific evidence confirming that Functional capacity evaluations (FCEs) predict an individual's actual capacity to perform in the workplace. PR-2 Progress Reports documented the recommendations for modified duties of: Limited stooping and bending; Limited lift, pull, push, up to 25 pounds - on the dates of service 03-27-2013, 04-03-2013, 04-10-2013, 04-17-2013, 04-24-2013, 05-01-2013. PR-2 Progress Reports documented the modified duties of limited lift, pull, push, up to 15 pounds (05-10-2013) and up to 10 pounds (06-07-2013). On 06-24-2013, [REDACTED] recommended modified work activities. She is precluded from lifting, pushing, and pulling greater than 10 pounds. She is precluded from repetitive bending and twisting of the lumbar and cervical spine. Work status recommendations are consistent (non-conflicting) from 03-27-2013 through 06-24-2013. The clinical guidelines and medical records do not support the medical necessity of FCE. Therefore, the request for FCE (Functional Capacity Evaluation) is not medically necessary.

REQUEST FOR MAGNETIC RESONANCE IMAGING (MRI) WITHOUT CONTRAST, CERVICAL SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 177, 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that the criteria for ordering imaging studies are: Emergence of a

red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints recommends MRI or CT to evaluate the red-flag diagnoses, such as neurologic deficit associated with acute trauma. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) state that indications for MRI of the cervical spine include the following: Any suggestion of abnormal neurologic findings below the level of injury, Progressive neurologic deficit, Persistent unremitting pain with or without positive neurologic findings, Patients with significant neurologic findings and failure to respond to conservative therapy despite compliance with the therapeutic regimen. [REDACTED] Initial Comprehensive Orthopedic Evaluation of a Primary Treating Physician 06-24-13 reported the mechanism of injury - Patient slipped and fell backwards hitting her head against a machine. Patient had cervical radiculopathy, cervical sprain, chronic neck pain and spasm, decreased range of motion, left upper extremity radiculopathy, decreased sensation along the left C6 dermatome. Red flags include trauma to the neck, parenthesis of upper extremity, spasm, decreased sensation in upper extremity. Patient has persistent chronic neck tenderness with neurologic findings. Given the presence and persistence of red flags in the patient, MTUS and ODG guidelines support the medical necessity of cervical spine MRI. Therefore, the request for Magnetic Resonance Imaging (MRI) Cervical Spine is medically necessary.

REQUEST FOR MAGNETIC RESONANCE IMAGING (MRI) WITHOUT CONTRAST, LEFT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints (Page 374) state: Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). [REDACTED] Initial Comprehensive Orthopedic Evaluation of a Primary Treating Physician 06-24-13 documented physical examination: Patient has normal gait and is ambulating with no assistive device. The patient toe and heel walks. The patient squats. Motor strength 5/5 in lower extremities bilaterally. Ankle Examination: No tenderness was palpable over medial or lateral malleolus. The anterior talofibular ligament and the peroneal tendons were tender bilaterally. On visual inspection, there is no erythema, ecchymosis, incision deformity or defect about the ankle. There was no medial or lateral instability and the anterior drawer test was normal. Diagnosis was ankle tendinitis. Patient had a diagnosis of tendinitis. Tendinitis does not warrant magnetic resonance imaging (MRI) according to MTUS. Furthermore, gait was normal, motor strength was normal, joint was stable. Medical records and MTUS do not support the medical necessity of left ankle MRI. Therefore, the request for Magnetic resonance imaging (MRI) Left Ankle is not medically necessary.