

Case Number:	CM13-0023721		
Date Assigned:	11/15/2013	Date of Injury:	04/02/2013
Decision Date:	02/04/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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:

The patient is a 52-year-old female with a reported date of injury on 04/02/2013. The patient presented with neck pain and stiffness, pain radiation to the upper extremities, numbness and tingling in the upper extremities, popping, clicking, and grinding in the left shoulder with range of motion, increased pain with above shoulder reaching and lifting in the left shoulder, interment pain to the left elbow, numbness and tingling of the left elbow, low back pain and stiffness, pain radiation to the left hip and left thigh, numbness in the left lower extremity, weakness in the left lower extremity, tenderness to palpation over the lumbar paravertebral area with moderate spasm, limited lumbar range of motion, decreased sensation to the bilateral lateral calf, and the left posterior calf/outer foot, decreased dermatomal sensation over the left C6 dermatome. The patient had a negative straight leg raise bilaterally and patellar and Achilles reflexes were rated 2. The patient had diagnoses including lumbar disc protrusion and lumbar radiculopathy. The physician's treatment plan included request for an MRI of the cervical spine, an MRI of the left shoulder, EMG of the bilateral upper extremities, NCS of the right upper extremity, NCS of the left upper extremity, EMG of the bilateral lower extremities, NCS of the right lower extremity, NCS of the left lower extremity, and a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment in Workers\ Comp 2012 on the Web, and the Work Loss Data Institute (www.worklossdata.com), section on the Neck and Upper Back and on Low Back (Updated 01/30/12).

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

Decision rationale: ACOEM Guidelines state MRI or CT is recommended to evaluate red-flag diagnoses. ACOEM recommends MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. The guidelines recommend the use of imaging studies if patients have no improvement after 1 month of conservative care. Within the provided documentation, the requesting physician did not include adequate documentation that the patient has undergone an adequate course of conservative care. Additionally, within the provided documentation the requesting physician did not include adequate documentation of significant signs and symptoms indicative of neurologic compromise. Therefore, a request for an MRI of the cervical spine is neither medically necessary nor appropriate.

MRI Left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment in Workers\ Comp 2012 on the Web, and the Work Loss Data Institute (www.worklossdata.com), section on the Neck and Upper Back and on Low Back (Updated 01/30/12).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: ACOEM states, 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. Most patients improve quickly, provided red-flag conditions are ruled out. For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings. Primary criteria for ordering imaging studies are: emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Within the provided documentation, the requesting physician did not include adequate documentation that the patient has undergone an adequate course of conservative care for the left shoulder. Within the provided

documentation, the requesting physician's rationale for the request was unclear. Additionally, within the provided documentation, there was insufficient documentation demonstrating the patient's need for an MRI at this time. Therefore, the request for an MRI of the left shoulder is neither medically necessary nor appropriate.

EMG Bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment in Workers\ Comp 2012 on the Web, and the Work Loss Data Institute (www.worklossdata.com), section on the Neck and Upper Back and on Low Back (Updated 01/30/12).

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

Decision rationale: The California MTUS guidelines do not address EMG. ACOEM states, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the provided documentation, the requesting physician noted the patient had decreased sensation over the left C6 dermatome. However, within the provided documentation the requesting physician did not include adequate documentation of objective signs and symptoms of radiculopathy. Additionally, within the provided documentation it was unclear if the patient has undergone an adequate course of conservative care. Therefore, the request for EMG of the bilateral upper extremities is neither medically necessary nor appropriate.

NCS Right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment in Workers\ Comp 2012 on the Web, and the Work Loss Data Institute (www.worklossdata.com), section on the Neck and Upper Back and on Low Back (Updated 01/30/12).

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

Decision rationale: The California MTUS guidelines do not address NCV. ACOEM states, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that

identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the provided documentation, the requesting physician noted the patient had decreased sensation over the left C6 dermatome. However, within the provided documentation the requesting physician did not include adequate documentation of objective signs and symptoms of radiculopathy. Additionally, within the provided documentation it was unclear if the patient has undergone an adequate course of conservative care. Therefore, the request for NCS right upper extremity is neither medically necessary nor appropriate.

Decision for NCS Left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), treatment in Workers\ Comp 2012 on the Web, and the Work Loss Data Institute (www.worklossdata.com), section on the Neck and Upper Back and on Low Back (Updated 01/30/12).

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

Decision rationale: The California MTUS guidelines do not address NCV. ACOEM states, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the provided documentation, the requesting physician noted the patient had decreased sensation over the left C6 dermatome. However, within the provided documentation the requesting physician did not include adequate documentation of objective signs and symptoms of radiculopathy. Additionally, within the provided documentation it was unclear if the patient has undergone an adequate course of conservative care. Therefore, the request for NCS left upper extremity is neither medically necessary nor appropriate.

EMG Bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment in Workers\ Comp 2012 on the Web,

and the Work Loss Data Institute (www.worklossdata.com), section on the Neck and Upper Back and on Low Back (Updated 01/30/12).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-310.

Decision rationale: The California MTUS guidelines do not specifically address the use of EMG. ACOEM states, 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. ACEOM notes EMG for clinically obvious radiculopathy and surface EMG and F-wave tests are not recommended. Within the provided documentation, the patient had decreased sensation in the L5 dermatome on the right; however, within the provided documentation, the patient had a negative straight leg raise bilaterally. Within the provided documentation, the requesting physician did not include adequate documentation of significant objective signs of radiculopathy or neurological compromise. Therefore, the request for EMG of the bilateral lower extremities is neither medically necessary nor appropriate.

NCS Right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment in Workers\ Comp 2012 on the Web, and the Work Loss Data Institute (www.worklossdata.com), section on the Neck and Upper Back and on Low Back (Updated 01/30/12).

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 guidelines and ACOEM do not specifically address the use of NCV for the lower extremities. The Official Disability Guidelines note, the use of NCV in the lower extremities is 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. Within the provided documentation, the patient had decreased sensation in the L5 dermatome on the right; however, within the provided documentation, the patient had a negative straight leg raise bilaterally. Within the provided documentation, the requesting physician did not include adequate documentation of significant objective signs of radiculopathy or neurological compromise. Additionally, the guidelines do not recommend the use of NCV as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Therefore, the request for NCS of the right lower extremity is neither medically necessary nor appropriate.

NCS Left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG), treatment in Workers\ Comp 2012 on the Web, and the Work Loss Data Institute (www.worklossdata.com), section on the Neck and Upper Back and on Low Back (Updated 01/30/12).

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: Within the provided documentation, the patient had decreased sensation in the L5 dermatome on the right; however, within the provided documentation, the patient had a negative straight leg raise bilaterally. Within the provided documentation, the requesting physician did not include adequate documentation of significant objective signs of radiculopathy or neurological compromise. Additionally, the guidelines do not recommend the use of NCV as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Therefore, the request for NCS of the left lower extremity is neither medically necessary nor appropriate.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment in Workers\ Comp 2012 on the Web, and the Work Loss Data Institute (www.worklossdata.com), section on the Neck and Upper Back and on Low Back (Updated 01/30/12).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: The California MTUS guidelines noted an FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA) prior to entering work conditioning/work hardening. ACOEM recommends the use of a functional capacity evaluation to obtain a more precise delineation of patient capabilities than is available from routine physical examination and notes, under some circumstances this can best be done by ordering a functional capacity evaluation of the patient. Within the provided documentation, the requesting physician's rationale for the request was unclear. It was unclear if the patient was being prepared to enter work conditioning/work hardening. Therefore, the request for a Functional Capacity Evaluation is neither medically necessary nor appropriate.