

Case Number:	CM13-0024556		
Date Assigned:	10/16/2013	Date of Injury:	06/02/2013
Decision Date:	05/21/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 is a 49-year-old female with date of injury of 06/07/2013. Per treating physician's report, 08/15/2013, the patient presents with neck pain at 10/10 with radiation to both sides of the neck, head, upper back, bilateral parascapular areas, shoulders, more on the right side with numbness and tingling at the right 5th finger. The patient has 10/10 upper mid back burning. The patient has right shoulder pain at 10/10 with radiation into the neck and upper back and distally to the elbow. The patient has severe low back pain intermittently at 10/10 with radiation to the buttocks and posterior legs, heels, causing numbness and tingling in the right leg and great toe. The patient has severe pain in the right arm and elbow, 10/10, severe pain in the right hand and wrist at 10/10. The patient has persistent headaches, 9/10. The patient also has anxiety, depression, insomnia, nervousness resulting from work-related trauma. The patient has stomach pain, bloating, nausea, acid reflux, and belching secondary to taking medications. The patient was extremely claustrophobic and MRI cannot be obtained. Taking Motrin caused stomach pain. Examination showed decreased range of motion of the neck, 90 degrees abduction of the shoulder on right side but 180 on the left side, flexion 100 degrees on the right side, 180 on the left side. Jamar grip strength was weaker on the right side. Proximal muscle testing was weaker on the right side than left side. On the lumbar spine, radicular signs were positive in bilateral lower extremity but straight leg raise test positive at 90 degrees. The patient was unable to walk on heels and toes. The treating physician's listed diagnoses: 1. Right shoulder AC joint sprain/strain. 2. Posttraumatic arthrosis of the AC joint. 3. Cervical thoracic and lumbar sprain/strain. 4. Right hand wrist sprain/strain. 5. Right carpal tunnel syndrome. 6. Left elbow overuse syndrome. 7. Anxiety. 8. Insomnia. The treating physician has prescribed Tramadol, Naprosyn, Prilosec, Xanax, and recommended MRIs of the cervical spine, right shoulder, lumbar

spine, thoracic spine, right hand and wrist MRIs as well as EMG/NCV studies of upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: This patient presents with widespread pain in the neck and upper extremities. ACOEM Guidelines discussion regarding MRI may not apply as ACOEM discusses acute and subacute phase. ODG Guidelines discuss MRI indications and states that for chronic neck pain, neurologic signs or symptoms are reasons not enough to obtain MRIs. In this patient, radiating symptoms into upper extremities constitute neurologic symptoms and given the patient's persistent chronic pain, MRI would be reasonable. Recommendation is for authorization. The MRI Cervical is medically necessary and appropriate.

MRI THORACIC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with widespread pain to the neck, thoracic, and low back areas. The patient's thoracic pain is described as 10/10 per treater's report. However, there are no radiating symptoms into the thoracic area to be concerned about any neurologic deficits. There are no balance problems, bowel, and bladder issues to be concerned about possible myelopathy. For MRI of the upper back and neck, ACOEM Guidelines require presence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in the strengthening program. ODG Guidelines also requires signs and symptoms of neurologic deficits. In this case, there are no signs and symptoms of neurologic deficit, no evidence of tissue insult or neurologic dysfunction. Recommendation is for denial. The MRIThoracic is not medically necessary and appropriate.

MRI LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with chronic and persistent low back pain with radiating symptoms down the lower extremities. The patient's examination shows significant root tension signs and inconsistent sensory and motor deficits of the lower extremities. The patient has had persistent pain for over 3 months. ACOEM Guidelines require unequivocal objective findings that identifies specific nerve compromise on neurologic examination before special studies can be obtained. ODG Guidelines recommend MRI of the lumbar spine for uncomplicated low back pain with radiculopathy after at least 1 month of conservative treatment. This patient continues to experience radiating symptoms in the lower extremities with positive examination findings. Recommendation is for authorization. The MRI Lumbar Spine is medically necessary and appropriate.

MRI RIGHT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with persistent severe right shoulder pain. The examination shows reduced range of motion, weakness in the right upper extremity, and positive impingement maneuvers. The treating physician requested MRI of the shoulder and review of the reports did not show that the patient has had prior MRI. ACOEM Guidelines allow for specialized studies when there is emergence of red flags, physiologic evidence of tissue insult or neurovascular dysfunction, clarification of the anatomy prior to an invasive procedure, or failure to progress in a strengthening program intended to avoid surgery. ODG Guidelines also indicates that for subacute shoulder pain, if instability/labral tear is suspected, MRI is reasonable. This patient presents with persistent shoulder pain, reduced range of motion, positive impingement maneuvers. It would be reasonable to obtain an MRI of the shoulder at this juncture. The request appears to be consistent with the guidelines. Recommendation is medically necessary.

MRI RIGHT HAND/WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with pains in the hand/wrist with numbness and tingling. The treating physician has asked for MRI of the wrist/hand. ACOEM Guidelines page 268 states that for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4- to 6-week period of conservative care. Since ACOEM Guidelines talk

about acute/subacute phase of injury, ODG Guidelines are consulted for chronic wrist and hand pain which this patient struggles with. For indications of MRI regarding chronic wrist pain, there is a suspicion for gamekeeper injury or thumb MCP ulnar collateral ligament injury, suspected soft tissue tumor, suspicion for Kienbock's disease are required. In this case, although the patient presents with chronic and persistent wrist and hand pain, the examination findings and the clinical presentations do not suspect any of these conditions including ligament injuries, soft tissue tumor, or osteonecrosis. Recommendation is for denial. The MRI of the right hand/wrist is not medically necessary and appropriate.

EMG BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 262.

Decision rationale: This patient presents with persistent wrist and hand pains with numbness and tingling. The treating physician has asked for EMG/NCV studies of upper extremities. For EMG, ACOEM Guidelines states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist. Recommendation for authorization as this patient presents with possible carpal tunnel syndrome, radiculopathy, peripheral neuropathy which require electrodiagnostic studies to differentiate. Recommendation is for authorization. The (EMG) Electromyography of the bilateral upper extremities is medically necessary and appropriate.

EMG BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

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

Decision rationale: This patient presents with persistent low back pain, bilateral lower extremity symptoms. ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle focal neurologic dysfunctions in patients with low back symptoms lasting more than 3 or 4 weeks." Recommendation is for authorization. This patient has had persistent pain in the low back lasting more than 3 to 4 weeks and ACOEM Guidelines support use of electromyography. The (EMG) Electromyography of the lower extremities is medically necessary and appropriate.

NCV BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 262.

Decision rationale: This patient presents with persistent wrist and hand pains with numbness and tingling. The treating physician has asked for EMG/NCV studies of upper extremities. For EMG, ACOEM Guidelines states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist. Recommendation for authorization as this patient presents with possible carpal tunnel syndrome, radiculopathy, peripheral neuropathy which require electrodiagnostic studies to differentiate. Recommendation is for authorization. The Nerve Conduction Velocity Test (NCV) bilateral upper extremities is medically necessary and appropriate.

NCV 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: Web Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: This patient presents with persistent low back pain with radiating symptoms down the lower extremities. The treating physician has asked for nerve conduction studies of the bilateral lower extremities to address the patient's back condition. ACOEM Guidelines page 303 recommends electromyography or EMG studies including H-reflex test to evaluate focal neurologic dysfunction in patients with low back symptoms. For nerve conduction studies, this is not recommended for low back condition per ODG Guidelines. ODG Guidelines states, "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, the patient's leg symptoms are presumed to be coming from the lumbar spine. MRI has been ordered and EMG studies are authorized. There is no need to perform nerve conduction studies. Recommendation is for denial. The Nerve Conduction Velocity Test (NCV) lower extremities is not medically necessary and appropriate.