

Case Number:	CM13-0029996		
Date Assigned:	03/24/2014	Date of Injury:	03/07/2012
Decision Date:	05/21/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/27/2013

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, 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:

The injured worker is a 61-year-old male who reported an injury on 03/07/2012, as a result of repetitive work activity. Current diagnoses include cervical/lumbar discopathy, status post bilateral hip replacement and rule out internal derangement of bilateral shoulders. The injured worker was evaluated on 08/20/2013. The injured worker reported ongoing pain in the cervical spine, bilateral shoulders, thoracolumbar spine, and bilateral hips. Physical examination revealed tenderness to palpation of the lumbar spine, guarding, radicular pain in the right L5-S1 dermatomes, painful range of motion of bilateral hips, positive axial loading compression testing, positive Spurling's maneuver, and tenderness to palpation of bilateral shoulders. X-rays obtained in the office on that date indicated spondylosis with spondylolisthesis at L5-S1, bilateral total hip replacement, and osteophyte formation in bilateral shoulders. Treatment recommendations at that time included a referral to a pain management specialist, an MRI of the lumbar spine, an MRI of the thoracic spine, an MRI of bilateral shoulders, and an EMG/NCV study of bilateral upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, MAGNETIC RESONANCE IMAGING.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with a suspicion for red flags, uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, and myelopathy. As per the documentation submitted, the injured worker's physical examination does reveal radicular pain in the right L5-S1 nerve root distribution. X-rays obtained in the office on that date indicated spondylolisthesis at L5-S1 with disc height collapse. However, there is no mention of an attempt at conservative treatment for the lumbar spine. There is no documentation of any red flags for serious spinal pathology, nor indication of a surgical plan. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

AN MRI OF THE THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, MAGNETIC RESONANCE IMAGING.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with a suspicion for red flags, uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, and myelopathy. As per the documentation submitted, the injured worker's physical examination does reveal radicular pain in the right L5-S1 nerve root distribution. X-rays obtained in the office on that date indicated spondylolisthesis at L5-S1 with disc height collapse. However, there is no mention of an attempt at conservative treatment for the lumbar spine. There is no documentation of any red flags for serious spinal pathology, nor indication of a surgical plan. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

AN MRI OF THE SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT INDEX 7TH EDITION (WEB) 2012 SHOULDER, INDICATIONS FOR IMAGING - MAGNETIC RESONANCE IMAGING (MRI).

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state primary criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissues insult or neurovascular dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, the injured worker's physical examination of bilateral shoulders only revealed occasional pain. X-rays obtained in the office on that date indicated only osteophyte formation. There is no documentation of an attempt at conservative treatment for bilateral shoulders. The medical necessity has not been established. As such, the request is non-certified.

EMG/NCV OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ODG, LOW BACK, ELECTRODIAGNOSTIC TESTING.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there is no evidence of a significant neurological deficit with regard to bilateral upper extremities. There is no mention of an attempt at conservative treatment prior to the request for an electrodiagnostic study. Based on the clinical information received, the request is non-certified.

EMG/NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ODG, LOW BACK, ELECTRODIAGNOSTIC TESTING.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines electromyography including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker does demonstrate radicular pain in the right L5-S1 nerve root distribution. However, there is no documentation of a significant neurological deficit with regard to the left lower extremity. There is also no evidence of an attempt at conservative treatment prior to the request for an electrodiagnostic study. As such, the request is non-certified.

A PAIN MANAGEMENT CONSULTATION FOR POSSIBLE LESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON EPIDURAL STEROID INJECTION (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no evidence of an attempt at conservative treatment prior to the request for a specialty referral. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.