

Case Number:	CM13-0034184		
Date Assigned:	12/06/2013	Date of Injury:	10/31/2012
Decision Date:	04/29/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/11/2013

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 56-year-old male who was injured on October 31, 2012. The patient continued to experience pain in his right hand, left elbow, neck, and back. He also complained of headaches. Physical examination was notable for neck tenderness by palpation, positive Phalen's sign, positive Tinel's sign left wrist /elbow, abnormal range of motion left shoulder, and paraspinal tenderness of the thoracic and lumbar spine. MRI scan of the brain was done on June 5, 2013 and showed mega cistern magna. MRI of the left shoulder showed acromioclavicular osteoarthritis. MRI of the lumbar spine showed mild spondylosis facet joint hypertrophy L5-S1. Diagnoses included headache, cervical neuritis/ radiculopathy, thoracic or lumbosacral neuritis or radiculitis, carpal tunnel syndrome, and post concussion syndrome. Treatment included physical therapy, acupuncture, steroid injections and medications. Requests for authorization for orthopedic/neurologist/psychiatrist/chiropractor and NCV/EMG upper/lower extremities/SPF/NCS cervical, upper extremity, thoracic spine, cubital tunnel, lumbar spine were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHO CONSULT, NEUROLOGIST/PSYCHIATRIST, CHIROPRACTOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 305, Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 28, 100-101. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up To Date, Overview of chronic daily headache

Decision rationale: Red flags for patients with headache are older age of onset (> 50 years of age), acute onset, New headaches, significant change in characteristics of prior headaches, signs or symptoms of systemic illness, neurologic symptoms not consistent with typical aura symptoms, known systemic illness that predispose to secondary headaches, and headaches associated with maneuvers that increase or decrease intracranial pressure. The patient had occipital headache that was intermittent in frequency. MRI of the brain did not show any acute disorder. Medical necessity is not established. Surgical referral for low back complaints is indicated for patients who have severe or disabling lower leg symptoms with abnormalities consistent with radiculopathy, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electro physiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, or failed conservative treatment to resolve disabling radicular symptoms. Surgical referral for neck complaints is indicated for patients who have severe spin vertebral pathology or severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. In this case there is no documentation of neurologic deficit or radiculopathy. MRI of the lumbar spine is not consistent with radicular disease. Medical necessity is not established. Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The services of a psychiatrist are not necessary for these evaluations. The patient had a diagnosis of anxiety, but was not actively depressed. There is no documentation of suicidal or homicidal ideation. Medical necessity is not established. Chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. In this case the patient was receiving physical therapy. There is no indication for additional therapy. Medical necessity is not established.

NCV/EMG UPPER-LOWER EXTREMITIES, SP/NCV CERVICAL, UPPER EXTREMITY, THORACIC SPINE, CUBITAL TUNNEL, LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, ELECTRODIAGNOSTIC TESTING

Decision rationale: MTUS does not address this topic. Nerve conduction velocity (NCV)/electromyography (EMG) and small pain fiber(SPF nerve conduction studies (NCS) are electrodiagnostic studies. EMG and NCS are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. For low back and neck, NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case the patient has complaints of pain in several anatomic sites. The indications for the testing are not clear. Medical necessity is not established and the test should not be authorized.