

Case Number:	CM13-0036353		
Date Assigned:	12/13/2013	Date of Injury:	05/10/2001
Decision Date:	02/19/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/21/2013

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 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 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 60-year-old female who reported an injury on May 10, 2001. The patient reportedly began to experience numbness of her upper extremities in 1993 and was diagnosed with carpal tunnel bilaterally, and had one (1) carpal tunnel release in 2000 and two (2) carpal tunnel releases in 2001. The patient continues to complain of upper extremities, hand and arm pain, and is sensitive to cold. The patient was most recently seen on October 11, 2013 for increased low back and lower extremity pain. The patient stated that her capacity for standing and walking has sharply reduced over a period of 24 hours. She rated her pain on a Visual Analog Scale as a 7/10 to 8+/10 depending on activity, posture, and position. Her pain is exacerbated with stopping, prolonged sitting, twisting, and bending while sitting, and experiences sharp pain with getting it from sitting even after sitting for as little as 10 to 15 minutes. The patient has been diagnosed with discogenic sciatic radiculopathy, mechanical low back pain syndrome, and loss of motion segment integrity of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rheumatology Evaluation: Upheld

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

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

Decision rationale: According to the California MTUS/ACOEM Guidelines it states that referrals 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 agreement to a treatment plan. The goal of such an evaluation is, in fact, functional recovery and return to work. In the case of this patient, she has not been seen by a rheumatologist in the past. However, the patient describes having joint pain in her upper extremities with weakness in the right upper extremity. On the documentation it states that the patient stands with a 15 degrees of flexion antalgic associated with marked paravertebral muscle spasms from L5 through the lower thoracic spine. Valsalva test is positive by report, negative to testing. Lhermitte's test induces neck pain, pain/tingling to the upper extremities and hands as well as lower extremities and feet within 40 seconds of maintaining the test position. Sitting straight leg raise testing is positive on the right more so than the left with records variation increasing the positive response. Straight leg raise testing is positive on the right at less than 40 degrees, positive on the left at less than 50 degrees. Braggard's variation increases the positive response. Patrick's (FABERE) test is positive on the right more so than the left associated with loss of range of motion and pain. Neurological testing demonstrates motor weakness in the L5 and S1 distribution on the right at grade 4- to grade 4, grade 4+ on the left. With the ongoing issues with the patient's overall chronic pain and functional disabilities, and because the patient's primary care provider has exhausted all conservative treatment modalities, a rheumatology evaluation would be considered medically appropriate for this patient. As such, the requested service is certified.

MRI of the cervical 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the California MTUS/ACOEM, MRIs are recommended for acute neck and upper back conditions when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are noted. In the case of this patient, according to the documentation dated September 06, 2013, there was mention of the patient having neck pain as well as tingling sensation in the fingers bilaterally. There was also mentioned of altered dermatomal sensitivity in the C6, C7, and C8 distributions in the upper extremities. The patient's right hand was more hyperemic in color than the left and there was grip strength weakness in the right upper extremity. Therefore, in regards to the cervical MRI, due to the clinical indications from the objective findings that the patient has neurologic deficits, a cervical MRI would be considered medically appropriate. As such, the requested service is certified.

MRI of the 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

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

Decision rationale: According to the California MTUS/ACOEM, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. In the case of this patient, she had undergone an MRI approximately 2 to 3 years ago and has had continuations of low back pain as well as lower extremity weakness in the L5 and S1 distribution on the right at a grade 4- to grade 4, and grade 4+ on the left. There was also dermatomal hyposensitivity in the L5 and S1 distributions on the right associated with absent right ankle jerk, plus or minus on the left. With the patient having already undergone several conservative modalities to treat her lower back pain, at this time a repeat MRI would be considered medically appropriate in order to diagnose the underlying problem. As such, the requested service is certified.

MRI of the bilateral brachial plexus: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and the Wheelless' Textbook of Orthopedics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Martinolic, C., Serafinib, G., Succib, G., and Tagliafico, A. (2012). Diagnostic accuracy of MRI in adults with suspect brachial plexus lesions: A multicentre retrospective study with surgical findings and clinical follow-up as reference standard. Retrieved from

Decision rationale: According to the article from science direct online, it states that the overall diagnostic accuracy of brachial plexus MRI calculated on a per patient basis is relatively high. The specificity of brachial plexus MRI in patients suspected in having a space occupying mass is very high. However, the sensitivity being high, there are also false positive interpretations as well. In the case of this patient, the documentation does not specify the indications for the patient undergoing an MRI of the bilateral brachial plexus. Although she has had ongoing paraspinal pain which has caused weakness and decreased sensation in the upper extremities and lower extremities, without having a medical rationale for the patient to undergo an MRI of the bilateral brachial plexus, the requested service is not deemed medically necessary at this time. As such, the requested service is non-certified.

MRA of the bilateral brachial plexus: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless' Textbook of Orthopedics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bueno, R., Coyner, K.B., Ersoy, H., Gerhard-Herman, M.D., Nguyen, L.L., Steigner, M.L., and Rybicki, F.J. (May 2012). Vascular Thoracic Outlet Syndrome: Protocol Design and Diagnostic Value of Contrast-Enhanced 3D MR Angiography and Equilibrium Phase Imaging on 1.

Decision rationale: According to the online article, Vascular Thoracic Outlet Syndrome: Protocol, Design and Diagnostic Value of Contrast-Enhanced 3D MR Angiography and Equilibrium Phase Imaging on 1.5- and 3- T MRI Scanners, it states that contrast enhanced 3D MRA using provocative arm positioning allows excellent imaging of the arteries and veins on both sides and thus provides a noninvasive imaging alternative to digital subtraction angiography in patients with suspected vascular thoracic outlet syndrome (TOS). In the case of this patient, because she has been certified for a cervical MRI, prior to undergoing an MRA of the bilateral brachial plexus, it is recommended that the physician first review the findings from a CT MRI prior to having the patient undergo an MRA. As such, at this time, the medical necessity for an MRA of the bilateral brachial plexus cannot be established. As such, the requested service is non-certified.

MRV of the bilateral brachial plexus: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless' Textbook of Orthopedics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bueno, R., Coyner, K.B., Ersoy, H., Gerhard-Herman, M.D., Nguyen, L.L., Steigner, M.L., and Rybicki, F.J. (May 2012). Vascular Thoracic Outlet Syndrome: Protocol Design and Diagnostic Value of Contrast-Enhanced 3D MR Angiography and Equilibrium Phase Imaging on 1.

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electromyogram (EMG) of the bilateral upper 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

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

Decision rationale: The California MTUS/ACOEM states that EMGs are recommended to clarify nerve root dysfunction in cases of suspected disc herniation preoperatively or before epidural injection. However, they are not recommended for diagnosis of nerve root involvement, if findings of history, physical exam, and imaging studies are consistent. Because the patient has been approved for an MRI of the cervical spine, an EMG is not medically necessary at this time. As such, the requested service is non-certified.