

Case Number:	CM13-0050785		
Date Assigned:	06/09/2014	Date of Injury:	03/21/2013
Decision Date:	07/29/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/14/2013

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 62-year-old female with a reported date of injury on 03/21/2013. The mechanism of injury was noted to be a slip and fall. Her diagnoses were noted to include cervical radiculopathy, bilateral wrist tendonitis/bursitis, right wrist fracture with subsequent open reduction internal fixation, lumbosacral radiculopathy, right hip tendonitis/bursitis, and bilateral knee tendonitis/bursitis. Her previous treatments were noted to include physical therapy, surgery, and medications. The progress note dated 08/21/2013 reported the injured worker complained of constant headaches as well as neck aches, aching to her wrists/hands, pain in the lower back, constant aching in right hip, and constant aching in the knees. The injured worker reported her pain traveled from her lower back to her legs and feet as well as had episodes of numbness and tingling in her legs and feet. The injured worker also complained the pain in her neck traveled to her arms and hands along with episodes of numbness and tingling. The physical examination of the cervical spine noted spasm and tenderness over the paravertebral musculature, but not over the upper trapezium interscapular area, cervical spinous processes or occiput. There was spasm, tenderness and guarding noted of the paravertebral muscles over the thoracic spine. Range of motion to the cervical spine was accomplished with discomfort and spasming. The reflexes to the triceps, biceps, and brachioradialis were noted to be 2+ and Tinel's signs and the Addison tests were negative. The motor power testing for the cervical spine was rated 4/5 to the deltoid muscle. The sensory testing performed to the cervical spine noted decreased sensation with pain to the C6-7. The physical examination of the lumbar spine noted pain and spasm as well as a positive straight leg raise. The motor strength was noted to be 5/5 and the sensory examination revealed decreased sensation with pain to the S1 dermatome. The request for authorization form dated 09/18 for the MRI of the cervical/lumbar spine due to the injured worker exhibiting radicular signs and symptomatology with dermatomal dysfunction, and electromyography/nerve

conduction velocity of the bilateral lower extremities to rule out entrapment neuropathy and polyneuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The request for an MRI of the cervical spine without contrast is not medically necessary. The injured worker has radicular signs and symptoms, full deep tendon reflexes, negative Tinel's and positive Phalen's, decreased motor strength to the C5 and decreased sensation to C5-6. The California MTUS/ACOEM Guidelines recommend ordering imaging studies for emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The guidelines state physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The guidelines state unequivocal findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging studies as symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause such as an MRI for neural dysfunction. The ACOEM Guidelines state MRIs are used to identify and define neck and upper back pathology in relation to identifying anatomic defect. There is not enough evidence regarding conservative failure and documentation regarding current measurable objective functional deficits to previous quantifiable objective functional improvements. There is not a recent, adequate, and complete assessment submitted within the medical records. Therefore, the request is not medically necessary.

MRI of the lumbar spine without contrast: Upheld

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

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

Decision rationale: The request for an MRI of the lumbar spine without contrast is not medically necessary. The injured worker has noted full motor strength, positive straight leg raise,

decreased sensation to the S1 dermatome, and full and equal deep tendon reflexes. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings such as disc bulges, but are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissues insult or nerve impairment, the practitioner can discuss with a consultant the selection of a imaging test to define a potential cause such as an MRI for neural issues. The guidelines state MRI can be used to identify and define low back pathology such as disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. The documentation provided reported the injured worker had full motor strength and deep tendon reflexes to the bilateral lower extremities. There is not enough documentation regarding failure of conservative treatment to the lumbar spine. The progress notes submitted were dated 08/2013 and there is not a recent, adequate, complete assessment submitted within the medical records. Therefore, the request is not medically necessary.

EMG of the bilateral lower extremities: Upheld

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

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

Decision rationale: The request for an electromyography of the bilateral lower extremities is not medically necessary. The injured worker has full motor strength and deep tendon reflexes to the bilateral lower extremities with a positive straight leg raise and decreased sensation to the S1 dermatome. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings such as disc bulges, but are not the source of painful symptoms and do not warrant surgery. The guidelines state electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The guidelines state electromyography can be used to identify and define low back pathology such as disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. There is not enough documentation with a recent, adequate, and complete assessment submitted within the medical records as well as a no documentation regarding failure of conservative are to the lumbar spine. Therefore, the request is not medically necessary.

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61.

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.

Decision rationale: The request for a NCV of the bilateral lower extremities is not medically necessary. The injured worker has noted decreased sensation to the S1 dermatome and positive straight leg raise. The Official Disability Guidelines do not recommend nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. The systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected risk of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. There is not a recent, adequate, and complete assessment submitted within the medical records. The documentation provided indicated the injured worker had a positive straight leg raise and decreased sensation to the S1 dermatome; however, the injured worker was shown to have full and equal deep tendon reflexes and motor strength. Therefore, the request is not medically necessary.