

Case Number:	CM13-0056253		
Date Assigned:	12/30/2013	Date of Injury:	08/07/1998
Decision Date:	03/20/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/22/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 60 year-old with a date of injury of 08/07/98. An evaluation at the request of the patient's attorney, dated 09/05/13, identified subjective complaints of neck, shoulder, arm, back and leg pain as well as symptoms of depression. Objective findings included tenderness to palpation of the neck, back, knees, shoulders, elbows, wrists and hands. There was normal range-of-motion. Reflexes were diminished in the upper and lower extremities. Motor function was 4/5 in the right and 5/5 in the left lower extremity. Sensation was intact. Diagnostic studies have included an MRI of the cervical spine on 12/27/10 and 05/31/12. The patient has also had a past MRI of the lumbar spine. Plain-films are not described. Diagnoses included cervical disc disease; fibromyalgia; strain/sprain of the shoulders; bilateral epicondylitis; bilateral carpal tunnel syndrome; internal derangement of the right wrist; lumbar disc disease, and tendonitis of the knees and ankles. Treatment has included cervical and lumbar epidural steroid injections as well as oral medications. The record notes that she continues to work as a claims processor. A Utilization Review determination was rendered on 10/24/13 recommending non-certification of "A functional capacity evaluation with range of motion and muscle testing; MRI of the cervical spine; MRI of the lumbar spine; MRI of the bilateral shoulders; MRI of the bilateral wrists; MRI of the bilateral knees; EMG of the bilateral upper extremities; NCV of the bilateral upper extremities; EMG of the bilateral lower extremities; NCV of the bilateral lower extremities".

IMR ISSUES, DECISIONS AND RATIONALES

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

A functional capacity evaluation with range of motion and muscle testing: 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 5 Cornerstones of Disability Prevention and Management Page(s): 81,Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation

Decision rationale: The record indicates that the patient is currently working in her normal job position. The Medical Treatment Utilization Schedule (MTUS) Guidelines state that a Functional Capacity Evaluation (FCE) may be necessary as part of a work hardening program where functional limitations preclude the ability to safely achieve current job demands that are at a medium to high level (not clerical/sedentary work). Chapter 5 of the ACOEM states that a clinician should specify what a patient is currently able and unable to do. Often this can be ascertained from the history, from questions about activities, and then extrapolating based on other patients with similar conditions. If unable to do this, then under some circumstances, this can be done through an FCE. The Official Disability Guidelines state that an FCE should be considered if a patient has undergone prior unsuccessful return to work attempts. They do note that an FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. They also note that the patient should be close to maximum medical improvement. The following guidelines are for performing an FCE are listed: (1) Case management is hampered by complex issues such as: - Prior unsuccessful return to work attempts. - Conflicting medical reporting on precautions and/or fitness for modified job - Injuries that require detailed exploration of a worker's abilities. (2) Timing is appropriate: - Close or at maximum medical improvement / all key medical reports secured. - Additional / secondary conditions clarified. (3) Do not proceed with an FCE if: - The sole purpose is to determine a worker's effort or compliance. - The worker has returned to work and an ergonomic assessment has not been arranged. The claimant is currently working in her normal position with clerical duties. She does not meet any of the guidelines above. Therefore, functional capacity has been defined and there is no documented medical necessity for a Functional Capacity Examination.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): TABLE 8-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, MRI

Decision rationale: The Medical Treatment Utilization Schedule ACOEM Guidelines state that for cervical nerve root compression, no diagnostic studies are indicated for 4-6 weeks in the absence of progressive motor weakness. The criteria for ordering special studies such as an MRI are listed as: - Emergence of a red flag; - Physiologic evidence of tissue insult or neurologic

dysfunction; - Failure to progress in a strengthening program intended to avoid surgery; - Clarification of the anatomy prior to an invasive procedure. Additionally, recent evidence indicates cervical disc annular tears may be missed on MRIs as well as a 30% false-positive rate in patients without symptoms and under the age of 30. The Official Disability Guidelines (ODG) state that an MRI is recommended with certain indications. These include: - Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurological signs or symptoms present; - Neck pain with radiculopathy if severe or progressive neurologic deficit; - Chronic neck pain, radiographs show spondylosis, neurological signs or symptoms present; - Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; - Chronic neck pain, radiographs show bone or disc margin destruction; - Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"; - Known cervical spine trauma: equivocal or positive plain films with neurological deficit; - Upper back/thoracic trauma spine trauma with neurological deficit. The patient has had two previous MRIs of the cervical spine that outlined her cervical disc disease. No new red-flag signs are documented. In this case, there is no indication in the record of any of the above abnormalities such as neurological abnormalities or plain-film indications and therefore no documented medical necessity for the study

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): TABLE 12-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 AND 309.

Decision rationale: The Medical Treatment Utilization Schedule ACOEM Guidelines state that 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. When the 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 disk bulges, that are not the source of painful symptoms and do not warrant surgery. They further note that MRI is recommended when cauda equina, tumor, infection, or fracture is strongly suspected and plain radiographs are negative. In this case, there are not unequivocal findings of nerve compromise or evidence of cauda equina syndrome, tumor, infection, or fracture. Therefore, the medical record does not document the medical necessity for an MRI of the lumbar spine.

MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): TABLE 9-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208; 214.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that MRI of the shoulder is recommended for preoperative evaluation. It is not recommended for evaluation without surgical consideration. The Guidelines further outline the following criteria for imaging studies: - Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) - Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) - Failure to progress in a strengthening program intended to avoid surgery - Clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment). In this case, the record does not indicate any anticipated surgery. Likewise, the patient does not have any of the above-mentioned indications. Therefore, the record does not document the medical necessity for a shoulder MRI.

MRI of the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): TABLE 11-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) notes that MRI of the wrist is only useful to help rule-out infection of the joint. It has very little value in defining carpal tunnel syndrome. In this case, the record does not indicate concern for infection. Surgery is not anticipated and the patient's primary diagnosis is carpal tunnel syndrome. Therefore, the record does not document the medical necessity for a wrist MRI.

MRI of the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): TABLE 13-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343; 347.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that reliance on knee imaging to evaluate the source of knee symptoms may result in false positive test results. They do note that MRI is recommended to diagnose and determine the extent of an ACL tear. They note that MRI is highly useful for the diagnosis of meniscus tears, ligament strains and tears, tendinitis, patella-femoral syndrome and prepatellar bursitis. In this case, the patient carries the diagnosis of bilateral tendonitis, but with ongoing symptoms. The original denial for services was related to lack of suspicion for an ACL tear. However, the MTUS does note the usefulness of an MRI of the knee for identifying conditions such as tendonitis. Therefore, in this case, there is documentation in the record for the medical necessity for bilateral MRI of the knees.

EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): TABLE 11-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178; 182; 260-262.

Decision rationale: The ACOEM portion of the Medical Treatment Utilization Schedule (MTUS) notes that when the neurologic examination is less clear for radiculopathy that electromyography (EMG) and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck and arm symptoms lasting more than three to four weeks. Conversely, EMG is not recommended for diagnosis of nerve root involvement if the findings in the history, physical exam, and imaging studies are consistent. Therefore, in this case, there is no documentation for the medical necessity of an EMG related to a cervical myelopathy. The ACOEM portion of the Medical Treatment Utilization Schedule (MTUS) notes that carpal tunnel syndrome (CTS) most often produces digital numbing but not hand or wrist pain. The study of choice is a nerve conduction study (NCS), with electromyography (EMG) only in more difficult cases. The MTUS Chronic Pain Guidelines are silent related to neurodiagnostic testing for carpal tunnel syndrome. Therefore, in this case, there is no documentation for the medical necessity of an EMG related to the patient's diagnosis of carpal tunnel syndrome.

NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): TABLE 11-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178; 182; 260-262.

Decision rationale: The ACOEM portion of the Medical Treatment Utilization Schedule (MTUS) notes that when the neurologic examination is less clear for radiculopathy that electromyography (EMG) and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck and arm symptoms lasting more than three to four weeks. In those cases, they are recommended before imaging studies. The record does not describe any concerns about the neurological exam and therefore nerve conduction studies are not medical necessary to define a cervical myelopathy. The ACOEM portion of the Medical Treatment Utilization Schedule (MTUS) notes that carpal tunnel syndrome (CTS) most often produces digital numbing but not hand or wrist pain. The MTUS Chronic Pain Guidelines are silent related to neurodiagnostic testing for carpal tunnel syndrome (CTS). The study of choice is a nerve conduction study (NCS). The patient has described intermittent numbness of the digits. The original denial for services was based upon the lack of documented focal nerve findings. However, the MTUS does state that electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions. Therefore, the medical record documents the medical necessity for bilateral nerve conduction studies of the upper extremities.

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): TABLE 12-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; 309.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that for clinically obvious radiculopathy, electromyography (EMG) is not recommended. They note that an EMG may be indicated when the neurological exam is less clear before ordering imaging studies. There is no documentation that the physical examination is unclear. Therefore, the record does not document the medical necessity for an electromyogram.

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): TABLE 12-8.

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 Medical Utilization Treatment Schedule (MTUS) does not address nerve conduction studies with low back pain. The Official Disability Guidelines (ODG) state that nerve conduction studies are: "... not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." There is no documentation of the necessity to further define a radiculopathy. In this case, the record does not document the medical necessity for a nerve conduction study.