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| Case Number: | CM13-0056427 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 05/29/2013 |
| Decision Date: | 03/31/2014 | 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 43 year old male with date of injury on 5/29/2013. Patient has been treated for ongoing symptoms in the low back, cervicothoracic spine and left shoulder. Subjective complaints include ongoing pain in the low back, left shoulder and neck. Physical exam shows muscle guarding and spasm left cervical spine, tenderness in the left trapezius area, positive left Hawkins test, positive left Neer's test, lumbar spine tenderness increased with terminal range of motion. Patient has positive straight leg raise test, and decreased sensation in L5-S1 dermatome. Prior x-rays were done of cervical and lumbar spine and left shoulder which was normal. Previous treatments have included physical therapy, activity modification and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NECK, magnetic resonance imaging (MRI)

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS supports a cervical MRI for patients with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of anatomy prior to procedure and definitive neurologic findings on physical examination, or electrodiagnostic studies. The ODG suggests MRI for chronic neck pain, radiographs normal, neurologic signs or symptoms present, or neck pain with radiculopathy if severe or progressive neurologic deficit. This patient's documentation did not suggest cervical neurologic signs, and did not show evidence of "red flag" conditions. Therefore, the medical necessity of a cervical MRI is not established.

MRI thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NECK, magnetic resonance imaging (MRI)

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS supports an MRI of the upper back for patients with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of anatomy prior to procedure and definitive neurologic findings on physical examination, or electrodiagnostic studies. The ODG suggests MRI only for upper back/thoracic spine trauma with neurological deficit. This patient's documentation did not suggest thoracic neurologic signs, and did not show evidence of "red flag" conditions. Therefore, the medical necessity of a thoracic MRI is not established.

MRI 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 (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, magnetic resonance imaging (MRI)

Decision rationale: The Physician Reviewer's decision rationale: ACOEM recommends MRI of lumbar spine when cauda equina, tumor, infection, or fracture is strongly suspected or if patient has had prior back surgery. The ODG recommends MRI exam for uncomplicated back pain with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Also if there is suspicion for cancer, infection, or other "red flags". This patient did not show signs/symptoms suggestive of tumor, infection, fracture, or progressive neurologic deficit. But the patient does have signs/symptom of suggestive of lumbar radiculopathy that is not improving with conservative therapy. Therefore, the request for a Lumbar MRI is medically necessary.

EMG 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 (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179,182,213,261,269.

Decision rationale: The Physician Reviewer's decision rationale: ACOEM guidelines suggest EMG as a means of detecting physiologic insult in the upper back and neck. EMG/NCS can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, subjective and objective signs/symptoms do not show evidence of nerve root involvement or carpal tunnel syndrome. Therefore, the medical necessity of an EMG is not established.

NCS 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 (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 182, 213, 261, 269.

Decision rationale: The Physician Reviewer's decision rationale: ACOEM guidelines suggest NCS as a means of detecting physiologic insult in the upper back and neck. EMG/NCS can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, subjective and objective signs/symptoms do not show evidence of nerve root involvement or carpal tunnel syndrome. Therefore, the medical necessity of a NCS is not established.

EMG bilateral lower extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, EMG

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS suggests that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG recommends that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. For this patient, ongoing conservative measures are not providing functional improvement, and patient has focal neurologic signs on exam that could be further identified with an EMG. Therefore, the request for a bilateral lower extremity EMG is medically necessary.

NCS bilateral lower 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 (ODG)

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, NCS

Decision rationale: The Physician Reviewer's decision rationale: The ODG does not recommend NCS due to minimal justification for performing NCS when a patient is presumed to have symptoms of radiculopathy, rather EMG is recommended as an option. This patient has low back pain with objective signs of radiculopathy that could more clearly identified via an EMG. Therefore, the request for a nerve conduction study is not medically necessary.