MAXIMUS Federal Services

Case Number:	CM13-0058467		
Date Assigned:	03/03/2014	Date of Injury:	11/16/2012
Decision Date:	07/14/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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 Internal 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 65-year-old female who was injured on 11/16/2012. The mechanism of injury is unknown. Her diagnoses are right shoulder rotator cuff tendinitis, probable peripheral nerve compression right arm, probable right carpal tunnel syndrome, right elbow radial collateral ligament tear, compensatory left medial epicondylitis, and compensatory bilateral trapezius strain. PR-2 dated 09/17/2013 documented the patient to have multiple complaints in both arms. The right has been the main problem but she is reporting worsening pain on the left as well. Objective findings on exam included she is tender over the trapezius bilaterally. She has obvious knot and trigger points. She is tender over the medial elbows bilaterally, much more on the right than the left. She has 1+ instability of the right medial elbow. She has positive Tinel's signs over the ulnar nerves at the elbows bilaterally. A progress report dated 12/13/2013 indicates on lumbar spine exam, there was diffuse tenderness throughout the lower lumbar area. On range of motion, forward bends 60 degrees. Straight leg raising (SLR) test was positive at 70 degrees bilaterally. Neurologic examination showed grossly normal motor strength. Sensation was intact to light touch and pinprick throughout. Deep tendon reflexes (DTRs) were symmetrical. Treatment has included medical therapy, nerve block to the right shoulder followed by injection of multipole trigger points under ultrasound guided needle. The treating provider has requested a lumbar spine magnetic ressonace imaging (MRI) without contrast and electromyogram/nerve conduction velocity (EMG/NCV) study 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:

LUMBAR SPINE MRI WITHOUT CONTRAST: 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Pain Chapter, Exercise.

Decision rationale: According to the CA MTUS guidelines, Lumber MRI is recommended when there are 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. The medical records submitted showed normal neurological examination including sensory, motor, and reflexes. The patient has had physical therapy (PT) sessions but has not been trained and monitored for her active home exercise program (HEP). Exercise is a very important for improving her symptoms as stated in ODG. There is no indication for the requested MRI of the lumbar spine. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

ELECTROMYOGRAM (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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back,EMGs (electromyography).

Decision rationale: According to CA MTUS guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. According to the ODG, EMG is recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The medical records submitted showed normal neurological examination including sensory, motor, and reflexes. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL LOWER EXTREMITIES: Upheld

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

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 (NCS).

Decision rationale: According to the Official Disability Guidelines (ODG), the nerve conduction study (NCS) is not recommended since there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the neurological exam was normal without evidence of radiculopathy. Medical necessity for the requested item has not been established. The requested item is not medically necessary.