MAXIMUS Federal Services

Case Number:	CM13-0059100		
Date Assigned:	12/30/2013	Date of Injury:	09/02/2013
Decision Date:	04/01/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/29/2013

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 45 year old female who was injured on 09/02/2013 while missing the third step and she slipped and landed on her bottom and used her hands to stop herself. Treatment history included physical therapy, chiropractic care, Mobic and Zanaflex. Physical therapy treatment note dated 10/29/2013 states the patient is taking medication that has been helpful. Patient has pain at left pectoris and left cervical, pain goes down arm. Diagnoses to date include: right lumbosacral strain, right lumbosacral radiculopathy, myofascial pain syndrome, bilateral cervical strain, bilateral cervical radiculopathy, bilateral shoulder strain, and question of bilateral rotator cuff tears.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: CA MTUS Guidelines state "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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, this patient has been treated conservatively and on physical exam of lumbar spine, there was documentation of decreased sensation to light touch in the dorsal aspect of the right foot and positive SLR on right at 40Â°. Thus, the medical necessity has been established and the request for MRI of the lumbar spine is certified.

MRI OF THE SHOULDERS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: CA MTUS Guidelines state the criteria for ordering imaging studies are "if 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 Ray-naud'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, on physical exam, there is documentation of decreased Range Of Motion of 10% of the normal, positive Impingement test, but normal sensation, reflexes, and strength in bilateral upper extremities. There are not enough red flag diagnoses or neurologic deficits to warrant MRI of the shoulders. Thus, the request is non-certified.

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Upper Back (Acute & Chronic), Electromyography (EMG) & Nerve Conduction Studies (NCS)

Decision rationale: CA MTUS Guidelines state "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG/NCV, including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." ODG Guidelines state that nerve conduction studies are "not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to

differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam." In this case, there are no objective abnormal physical findings to warrant the EMG/NCS. On physical exam, sensation, reflexes, strength testing in bilateral upper extremities are normal. Tinel test was also negative. Additionally, there was an EMG/NCS of Upper Extremities done on 11/20/2013 that was normal. There is no evidence to support the request for EMG/NCS of upper extremities and hence it is non-certified.

Chiropractic Treatment 2x4: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: CA MTUS Guidelines state chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. Guidelines recommend an initial trial of 6-12 visits over a 2-4 week period, and, at the midway point as well as at the end of the trial, there should be a formal assessment whether the treatment is continuing to produce satisfactory clinical gains. If the criteria to support continuing chiropractic care (substantive, measurable functional gains with remaining functional deficits) have been achieved, a follow-up course of treatment may be indicated consisting of another 4-12 visits over a 2-4 week period. In this case, this patient has been treated with at least 6 sessions of chiropractic treatment and there is documentation of objective functional improvement with increase in ROM and reduction in pain level from 8-9/10 to 5-6/10. Thus, the request for continued chiropractic treatment 2x4 weeks is certified.