MAXIMUS Federal Services

Case Number:	CM14-0009725		
Date Assigned:	02/28/2014	Date of Injury:	04/07/2001
Decision Date:	06/27/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 54-year-old male who has filed a claim for brachial neuritis associated with an industrial injury date of April 07, 2001. Review of progress notes reports neck pain radiating to the right arm and hand, with occasional numbness and tingling. There is also right shoulder pain radiating to the arm and hand, with episodes of numbness and tingling. Patient also reports frequent headaches. Findings include spasm and tenderness of the cervical region with decreased range of motion. There is decreased motor strength of bilateral deltoids, and decreased sensation along the right C5 and C6 dermatomes. Regarding the right shoulder, there was tenderness with positive impingement signs. Patient notes that medications do not offer significant improvement. Treatment to date has included NSAIDs, opioids, muscle relaxants, topical patches, and physical therapy to the neck and right shoulder. A Utilization review from January 08, 2014 denied the request for cervical MRI without contrast as there is no documentation regarding red flag diagnoses, nerve root compromise, and results of previous cervical MRI were not given; bilateral upper extremity electro myelography and nerve conduction studies as previous cervical MRI results were not provided; functional capacity evaluation as there is no clear documentation that this patient is enrolling in a work hardening program; and physical therapy 3x4 sessions for cervical spine and right shoulder as the requested amount exceeds guideline recommendations, and there is no documentation of functional improvement with previous physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MRI WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: As stated on page 179-180 of the ACOEM Neck and Upper Back Guidelines referenced by CA MTUS, imaging studies are recommended with red flag conditions; with physiologic evidence of tissue insult or neurologic dysfunction; with failure to progress in a strengthening program intended to avoid surgery; for clarification of the anatomy prior to an invasive procedure; and in cases with definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, there is documentation regarding a previous cervical MRI. The results of this study were not submitted. There is no indication of red flag diagnoses in this patient or documentation of significant worsening of symptoms or findings. Therefore, the request for cervical MRI without contrast was not medically necessary.

BILATERAL UPPER EXTREMITY ELECTROMYELOGRAPHY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: As stated on page 238 of the ACOEM Elbow Guidelines referenced by CA MTUS, criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In this case, there is no documentation of failure of conservative management. Therefore, the request for bilateral upper extremity electro myelography was not medically necessary.

BILATERAL UPPER EXTREMITY NERVE CONDUCTION STUDIES.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: As stated on page 238 of the ACOEM Elbow Guidelines referenced by CA MTUS, criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In this case, there is no documentation of failure of

conservative management. Therefore, the request for bilateral upper extremity nerve conduction studies was not medically necessary.

FUNCTIONAL CAPACITY EVALUATION.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty chapter, Functional capacity evaluation (FCE)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Official Disability Guidelines was used instead. According to ODG, functional capacity evaluations (FCEs) are recommended prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. They are not recommended for routine use as part of occupational rehab or screening, or generic assessments. Consider an FCE if case management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions or fitness for modified job, and injuries that require detailed exploration of a worker's abilities. In this case, there is no documentation regarding enrollment in a work hardening program, or a specific job that the patient will be returning to. Therefore, the request for functional capacity evaluation was not medically necessary.

PHYSICAL THERAPY 3 X 4 SESSIONS. FOR CERVICAL SPINE AND RIGHT SHOULDER.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines., Chapter: Physical Ther.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines., Chapter: Physical Therapy (PT), Page(s): 98-99.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. In this case, there is documentation that the patient has had previous physical therapy sessions to the neck and right shoulder. However, the functional benefits derived from these sessions were not specified. It was only noted that physical therapy sessions provided temporary relief of pain. Additional information is necessary to assess whether continued physical therapy sessions are necessary in this patient. Therefore, the request for physical therapy 3x4 sessions for cervical spine and right shoulder was not medically necessary.