

Case Number:	CM14-0101365		
Date Assigned:	07/30/2014	Date of Injury:	05/22/2012
Decision Date:	10/16/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/01/2014

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 Family Medicine, and is licensed to practice in Ohio. 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 injured worker is a 50-year-old female with numerous dates of injury listed. The diagnoses include lumbar spinal stenosis, lumbar disc displacement with radiculopathy, lumbar facet syndrome, rotator cuff syndrome, and left ankle fracture. She had an L4-L5 microdiscectomy and laminectomy in 2000. Right shoulder surgery was done in 2006. The injured worker has had physical therapy to the lumbar spine, right shoulder, and left ankle on a number of occasions over the years although the results of previous physical therapy and chiropractic care are not enclosed for review. The physical exam has revealed normal upper and lower extremity sensation reflexes and strength testing. The right shoulder reveals diminished range of motion and positive impingement testing. The cervical spine reveals normal range of motion and tenderness to palpation of the trapezius musculature. The left ankle reveals diminished range of motion and medial and lateral tenderness. The left wrist reveals dorsal and palmer tenderness with diminished range of motion. Carpal tunnel maneuvers were negative. The injured worker complains of continued low back pain, right shoulder pain/numbness, left ankle pain, and left wrist pain/numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment three (3) times four (4) for right shoulder, neck, low back, and left ankle: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Chronic Pain>, <Manual Therapy and Manipulation>

Decision rationale: Chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions, only when manipulation is specifically recommended by the provider in the plan of care. However, chiropractic care is specifically not recommended for the ankle and foot. Because there is a request to consider chiropractic care for the right shoulder, neck, low back, and left ankle, the request for the group is considered not medically necessary.

Urinalysis for toxicology: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Chronic Pain, Urine Drug Testing

Decision rationale: Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. In this instance, the injured worker is prescribed the opioid tramadol and therefore urine drug testing is appropriate to monitor compliance with prescribed substances. Therefore, a urinalysis for toxicology is medically necessary.

Nerve Conduction Velocity (NCV) for upper extremities: Overturned

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): 178.

Decision rationale: Unequivocal findings that identify specific nerve compromise on the neurologic examinations are sufficient evidence to warrant imaging studies, such as an MRI scan of the cervical spine, 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. Electromyography (EMG), and nerve conduction velocities (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. In this case, there are no definitive findings to suggest specific nerve compromise in the upper extremities and hence, because of the subjective complaints, Nerve Conduction Velocity (NCV) for upper extremities is medically necessary.

Nerve Conduction Velocity (NCV) for lower extremities: Upheld

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

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: Nerve conduction velocity testing of the lower extremities is not recommended under the above guidelines. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Because nerve conduction velocity testing is not recommended for the low back, it cannot be considered medically necessary under the guidelines.

Electromyography (EMG) of upper extremities: Overturned

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): 178.

Decision rationale: Unequivocal findings that identify specific nerve compromise on the neurologic examinations are sufficient evidence to warrant imaging studies, such as an MRI scan of the cervical spine, 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. Electromyography (EMG), and nerve conduction velocities (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. In this case, there are no definitive findings to suggest specific nerve compromise in the upper extremities and hence, because of the subjective complaints, EMG testing for the upper extremities is medically necessary.

Electromyography (EMG) of lower extremities: Overturned

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

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 Section, EMG Testing

Decision rationale: EMG testing of the lower extremities 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. In this instance, the injured worker certainly has potential nerve root impingement by MRI scan in the lumbar region but the physical exam fails to correlate with obvious radiculopathy. Therefore, electromyography (EMG) of lower extremities is medically necessary in this case.