

Case Number:	CM14-0016950		
Date Assigned:	03/07/2014	Date of Injury:	11/06/2003
Decision Date:	05/28/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 74-year-old female who reported injury on 11/06/2003. The mechanism of injury was cumulative trauma. The documentation of 11/11/2013 revealed the injured worker had complaints of pain in the neck, bilateral upper extremities, low back, and right ankle. Previous treatments included physical therapy, cervical spine injections, bilateral shoulder surgeries, a right carpal tunnel release, an MRI of the lumbar spine, and a left wrist cyst excision. She underwent acupuncture. In addition to the pain in the previously mentioned areas, the injured worker additionally complained of pain in the right ankle with prolonged walking, and, per the injured worker, the ankle becomes swollen. The clinical documentation indicated the ankle injury was due to a fall. Physical examination of the lumbar spine revealed muscle spasms in the cervical paraspinal musculature. The injured worker had a negative Spurling's and Adson's test bilaterally. The shoulder examination revealed negative provocative testing. Examination of the elbows revealed negative provocative testing. The examination of the bilateral wrists revealed the injured worker had tenderness over the scapholunate of both wrists and the triangular fibrocartilage regions of the left wrist. The injured worker had positive Phalen's tests bilaterally and Durkan's median compression test bilaterally. The Katz hand diagram score revealed classic patterns of bilateral carpal tunnel syndrome. The grip strength was decreased in the left hand. Examination of the lumbar spine revealed muscle spasm in the lumbar paraspinal musculature. There was tenderness to palpation in the paraspinal musculature. The provocative testing of the back was negative. The examination of the hips revealed the provocative testing was negative. The provocative testing of the bilateral knees was negative. The motor strength was 5/5. Sensory examination to pin prick, light touch, and proprioception was intact bilaterally, and no dermatomal deficits were noted. The injured worker had a radiograph of the cervical spine which revealed evidence of degenerative disc disease. The injured worker additionally had x-rays of the

right and left hands. There was evidence of grade I basal joint arthritis of both hands. The x-rays of the lumbosacral spine revealed evidence of degenerative disc disease. The diagnoses included rule out left carpal tunnel syndrome, rule out recurrent right carpal tunnel syndrome, cervical spondylosis rule out radiculopathy, bilateral 1st CMC joint arthralgia, lumbar spine spondylosis rule out radiculopathy, and posterior left dorsal wrist ganglion incision. The treatment plan included an EMG/NCV of the bilateral upper and lower extremities, and a request for an MRI of the cervical and lumbar spine and both hands and wrists to address underlying pathology in view of failure with conservative measures and persistence of pain, weakness, and numbness, and to determine pathology pertaining to the injured worker's residual complaints and physical findings. The treatment plan further included bilateral thumb spica splints and a urine sample.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Chapter, MRI.

Decision rationale: Official Disability Guidelines do not routinely recommend a repeat MRI and it should be reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker had previously had a lumbar spine MRI. There was lack of documentation of myotomal or dermatomal findings to support that the injured worker had neurologic dysfunction. There was a lack of documentation indicating the injured worker had a significant change in symptoms and/or findings suggestive of a significant pathology. Given the above, the request for MRI of the lumbar spine is not medically necessary.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM Guidelines indicate the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review failed to indicate the injured worker had evidence of tissue insult or neurologic

dysfunction. There was lack of documentation indicating a necessity for a cervical spine MRI. Given the above, the request for MRI of the cervical spine is not medically necessary.

MRI OF THE BILATERAL HANDS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: ACOEM Guidelines indicate that special studies and diagnostic and treatment considerations are not necessary until after a 4 week to 6 week period of conservative care and observation. The clinical documentation submitted for review indicated the injured worker had x-rays of the bilateral wrists and hands, which showed evidence of grade I basal joint arthritis in both hands. There was a lack of documentation of prior studies that were performed as the injury was in 2003. The clinical documentation submitted for review indicated the injured worker had failed a 4 week to 6 week period of conservative care. However, as the injury was in 2003 and there was a lack of documentation of prior studies and prior examinations, the request for MRI of the bilateral hands is not medically necessary.

MRI OF THE BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: ACOEM Guidelines indicate that special studies and diagnostic and treatment considerations are not necessary until after a 4 week to 6 week period of conservative care and observation. The clinical documentation submitted for review indicated the injured worker had x-rays of the bilateral wrists and hands, which showed evidence of grade I basal joint arthritis in both hands. There was a lack of documentation of prior studies that were performed as the injury was in 2003. The physical examination indicated the injured worker had pain in the bilateral wrists. The range of motion of the wrists was within normal limits. The injured worker had tenderness over the scapholunate region of both wrists and the triangular fibrocartilage region of the left wrist. The clinical documentation submitted for review indicated the injured worker had failed a 4 week to 6 week period of conservative care. However, as the injury was in 2003 and there was a lack of documentation of prior studies and prior examinations, the request for MRI of the bilateral wrists is not medically necessary.

EMG OF THE LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. There should be documentation of 3 weeks to 4 weeks of conservative care and observation. The clinical documentation submitted for review failed to indicate the injured worker had myotomal or dermatomal findings to support the necessity for an EMG of the lower extremities. The request as submitted failed to indicate whether the examination was for bilateral or unilateral studies. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for EMG of the lower extremity is not medically necessary.

NCV OF THE BILATERAL LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61.

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 Chapter, Nerve Conduction Studies (NCS).

Decision rationale: Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is no documentation of a peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. Given the above, the request for NCV of the bilateral lower extremity is not medically necessary