

Case Number:	CM14-0018256		
Date Assigned:	04/18/2014	Date of Injury:	10/09/2013
Decision Date:	06/30/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 injured worker is a 48 year old male with a reported injury date on 10/09/2013; the mechanism of injury was not provided. The progress note dated 01/21/2014 noted that the injured worker had subjective complaints to include moderate pain to the neck that radiates to the upper trapezius, moderate pain to the lower back, and numbness and tingling to the right upper extremity and hand. It was noted that pain affected the injured worker's ability to perform activities of daily living. Objective findings included noted tenderness and spasms to the cervical and lumbar spine with decreased range of motion. Additional findings include positive Jackson's, positive Kemp's, and positive straight leg raise at 60 degrees. It was noted that the injured worker had received an unknown number of physical therapy sessions. The request for authorization form was not provided in the available clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: PHYSICAL MEDICINE, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT , PHYSICAL MEDICINE, 98-99

Decision rationale: The request for physical therapy 2 times a week for 4 weeks is non-certified. It was noted that the injured worker had subjective complaints to include moderate pain to the neck that radiates to the upper trapezius, moderate pain to the lower back, and numbness and tingling to the right upper extremity and hand. It was noted that pain affected the injured worker's ability to perform activities of daily living. Objective findings included noted tenderness and spasms to the cervical and lumbar spine with decreased range of motion. Additional findings include positive Jackson's, positive Kemp's, and positive straight leg raise at 60 degrees. It was noted that the injured worker had received an unknown number of physical therapy sessions. The California MTUS guidelines recommend up to 10 visits of physical therapy for the restoration of flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Based on documentation provided there was a lack of quantifiable evidence that the injured worker had significant functional deficits and a lack of evidence that the injured worker benefited from the previous physical therapy sessions. Additionally, the request exceeds the recommended number of sessions. Due to the above factors, this request is not medically necessary.

EMG BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ELECTROMYOGRAPHY (EMG), CHAPTER 8- NECK AND UPPER BACK COMPLAINTS, 178

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), , CHAPTER 11, 258-262

Decision rationale: The request for an EMG bilateral upper extremities is non-certified. It was noted that the injured worker had subjective complaints to include moderate pain to the neck that radiates to the upper trapezius and numbness and tingling to the right upper extremity and hand. It was noted that pain affected the injured workers ability to perform activities of daily living. Objective findings included noted tenderness and spasms to the cervical with decreased range of motion. Additional findings include positive Jackson's test. ACOEM guidelines state that electromyography (EMG) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, after a three to four week period of adequate conservative care and observation fails to improve symptoms. It was noted that the injured worker had documented complaints of numbness and tingling to right upper extremity and hand. However, there is no documentation that the injured worker has symptomatology in the left upper extremity that would warrant this test necessary and there is a lack of adequate quantifiable evidence that the injured worker had neurological dysfunction. As such this request is not medically necessary.

NCV BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: NERVE CONDUCTION VELOCITIES (NCV), CHAPTER 8- NECK AND UPPER BACK COMPLAINTS, 178

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), , CHAPTER 11, 258-262

Decision rationale: The request for an a NCV bilateral upper extremities is non-certified. It was noted that the injured worker had subjective complaints to include moderate pain to the neck that radiates to the upper trapezius and numbness and tingling to the right upper extremity and hand. It was noted that pain affected the injured worker's ability to perform activities of daily living. Objective findings included noted tenderness and spasms to the cervical with decreased range of motion. Additional findings include positive Jackson's test. ACOEM guidelines state that nerve conduction velocities (NCV) tests may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, after a three to four week period of adequate conservative care and observation fails to improve symptoms. It was noted that the injured worker had documented complaints of numbness and tingling to right upper extremity and hand. However, there is no documentation that the injured worker has symptomatology in the left upper extremity that would warrant this test necessary and there is a lack of adequate quantifiable evidence that the injured worker had neurological dysfunction. As such, this request is not medically necessary.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: SPECIAL STUDIES AND DIAGNOSTIC AND TREATMENT CONSIDERATIONS, CHAPTER 8- NECK AND UPPER BACK COMPLAINTS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , NECK AND UPPER BACK COMPLAINTS, 177-179

Decision rationale: The request for an MRI of the cervical spine is non-certified. It was noted that the injured worker had subjective complaints to include moderate pain to the neck that radiates to the upper trapezius and numbness and tingling to the right upper extremity and hand. It was noted that pain affected the injured worker,s ability to perform activities of daily living. Objective findings included noted tenderness and spasms to the cervical with decreased range of motion. Additional findings include positive Jackson's test. ACOEM guidelines state that imaging studies can be ordered if there is an emergence of a significant change in symptoms, evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and/or need for clarification of the anatomy prior to an

invasive procedure. The medical necessity for an MRI has not been established. There is no clear documented evidence of significant symptomatology to suggest that an MRI would be necessary or beneficial. As such, this request is not medically necessary.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: SPECIAL STUDIES AND DIAGNOSTIC AND TREATMENT CONSIDERATIONS, CHAPTER 12- LOW BACK COMPLAINTS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , NECK AND UPPER BACK COMPLAINTS, 177-179

Decision rationale: The request for an MRI of the lumbar spine is non-certified. It was noted that the injured worker had subjective complaints to include moderate pain to the lower back. It was noted that pain affected the injured worker,s ability to perform activities of daily living. Objective findings included noted tenderness and spasms to the lumbar spine with decreased range of motion. Additional findings included a positive straight leg raise at 60 degrees. It was noted that the injured worker had received an unknown number of physical therapy sessions. ACOEM guidelines state that imaging studies can be ordered if there is an emergence of a significant change in symptoms, evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and/or need for clarification of the anatomy prior to an invasive procedure. The medical necessity for an MRI has not been established. There is no clear documented evidence of significant symptomatology to suggest that an MRI would be necessary or beneficial. As such, this request is not medically necessary.