MAXIMUS Federal Services

Case Number:	CM14-0118089		
Date Assigned:	08/06/2014	Date of Injury:	04/22/2014
Decision Date:	09/23/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/28/2014

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 Tennessee. 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:

Patient is a 47-year-old female who has submitted a claim for dizziness, headache, cervical disc protrusion, cervical myospasms, cervical radiculopathy, cervical sprain/strain, lumbar muscle spasm, lumbar sprain/strain, anxiety, depression, anxiety, nervousness, and hypertension associated with an industrial injury date of 4/22/2014. Medical records from 2014 were reviewed. Patient complained of dull headache. Patient likewise reported constant moderate dull, achy, sharp neck pain, aggravated by movement. Patient experienced constant mild to moderate dull, achy, sharp low back pain, aggravated by standing, walking, and bending. Patient likewise suffered from depression, anxiety and irritability. Blood pressure was measured at 154/112 mmHg, and pulse rate of 77 beats per minute. Physical examination of the cervical spine showed tenderness, muscle spasm, and positive cervical compression test. Lumbar spine range of motion was restricted. Paralumbar muscles were positive for tenderness and spasm. Kemp's test and straight leg raise test were positive bilaterally. Range of motion of the right shoulder was decreased and painful. Treatment to date has included LINT Therapy, Physical Therapy, and Medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity (NCV) bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction StudiesX Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of moderate dull, achy, sharp neck pain, aggravated by movement. Physical examination of the cervical spine showed tenderness, muscle spasm, and positive cervical compression test. However, there was no comprehensive physical examination available that may indicate presence of neuropathy to warrant NCV. The medical necessity cannot be established due to insufficient information. Therefore, the request for NCV of bilateral upper extremities is not medically necessary.

Nerve Conduction Velocity (NCV) bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed., Update to Chapter 12, Low Back Disorders.

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)X Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal

use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient experienced constant mild to moderate dull, achy, sharp low back pain, aggravated by standing, walking, and bending. Physical examination of the paralumbar muscles showed positive for tenderness and spasm. Kemp's test and straight leg raise test were positive bilaterally. However, there was no comprehensive physical examination available that may indicate presence of neuropathy to warrant NCV. The medical necessity cannot be established due to insufficient information. Therefore, the request for NCV of bilateral lower extremities is not medically necessary.

X-ray of the cervical spine: Upheld

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

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

Decision rationale: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, guidelines support x-ray of the cervical spine in patients with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery. In this case, patient complained of moderate dull, achy, sharp neck pain, aggravated by movement. Physical examination of the cervical spine showed tenderness, muscle spasm, and positive cervical compression test. However, there was no comprehensive physical examination available to warrant x-ray. There is likewise no evidence of failure in conservative management. There is no compelling rationale for this request. Therefore, request for X-ray of the Cervical Spine is not medically necessary.

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8.

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

Decision rationale: The CA MTUS ACOEM states that lumbar spine X-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In this case, patient experienced constant mild to moderate dull, achy, sharp low back pain, aggravated by standing, walking, and bending. Physical examination of the paralumbar muscles showed positive for tenderness and spasm. Kemp's test and straight leg raise test were positive bilaterally. However, there was no comprehensive physical examination available to warrant x-ray. There is likewise no evidence of failure in conservative management. There is no compelling rationale for this request. Therefore, request for X-ray of the lumbar Spine is not medically necessary.

X-ray of the right shoulder: 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.

Decision rationale: The CA MTUS ACOEM guidelines state that diagnostic studies are needed when there is a new injury, red flags or a trauma. In this case, patient complained of right shoulder pain. Range of motion of the right shoulder was decreased and painful. However, there was no comprehensive physical examination available to warrant x-ray. There is no compelling rationale for this request. Therefore, request for X-ray of the Right Shoulder is not medically necessary.

MD referral consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, current working diagnoses include dizziness, headache, cervical disc protrusion, cervical myospasm, cervical radiculopathy, cervical sprain/strain, lumbar muscle spasm, lumbar sprain/strain, anxiety, depression, anxiety, nervousness, and hypertension. The medical records did not reveal uncertainty or complexity of issues on management. Furthermore, there was no indication of failure of current therapies for the patient's pain problems, which may warrant referral to a specialist. There is no clear rationale for the requested service. The request likewise failed to indicate the specialization for referral. Therefore, the request for MD referral consultation is not medically necessary.

Cardiorespiratory consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, there was no clear indication for the request. Review of systems pertaining to the cardiovascular and pulmonary systems were not performed. There is likewise no physical examination of the chest to support this request. There was a note of elevated blood pressure however, there was no further discussion concerning cardiovascular risk factors. It is likewise unclear if patient has been subjected to antihypertensive medications with resultant treatment failure. The medical necessity cannot be established due to insufficient information. Therefore, the request for cardiorespiratory consultation is not medically necessary.

Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, there was no clear indication for the request. Review of systems was not performed. There is likewise no physical examination other than the musculoskeletal exam to support this request. There was a note of elevated blood pressure however, there was no further discussion concerning cardiovascular risk factors. It is likewise unclear if patient has been subjected to antihypertensive medications with resultant treatment failure. The medical necessity cannot be established due to insufficient information. Therefore, the request for internal medicine consultation is not medically necessary.

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Polysomnography.

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

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Chapter was used instead. According to ODG, criteria for polysomnography include excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change; and insomnia complaint for at least six months, unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In this case, there was no discussion concerning sleep hygiene. There were no reports of insomnia. There was no compelling rationale for this request. The medical necessity cannot be established due to insufficient information. Guideline criteria were met. Therefore, the request for Sleep Study is not medically necessary.