

Case Number:	CM14-0120907		
Date Assigned:	08/06/2014	Date of Injury:	11/02/2006
Decision Date:	09/11/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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 Orthopaedic Surgery 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:

This 58-year-old female consumer contact representative sustained an industrial injury on 11/2/06. The mechanism of injury was not documented. The patient was diagnosed with lumbar sprain/strain with facet osteoarthritis at L5/S1 and the left sacroiliac joint. The patient was status post left carpal tunnel release on 4/8/08 and right carpal tunnel release on 11/8/08. The 7/3/14 progress report cited grade 6/10 lumbar and left wrist pain with numbness. Lumbar exam findings documented paraspinal and bilateral sacroiliac joint tenderness, decreased bilateral lower extremity patchy sensation, 5/5 motor function, and positive mechanical signs. Left wrist exam documented flexor/extensor tenderness, decreased sensation middle three fingers, and slight decrease in range of motion. The diagnosis was lumbar sprain/strain with facet osteoarthritis at L5/S1 and the left sacroiliac joint, and bilateral wrist tenderness status post bilateral carpal tunnel release. A left upper extremity EMG/NCV was requested to rule-out recurrence of carpal tunnel syndrome and for consideration of cortisone injections. The 7/21/14 utilization review denied the request for lumbar spine MRI as the patient had chronic pain with no documentation of numbness and tingling in a dermatomal distribution, motor weakness, atrophy or abnormal lower extremity deep tendon reflexes. There was no indication the patient was being considered for surgery. The request for upper extremity EMG/NCV was denied as there was no documentation of motor weakness, muscle atrophy, dermatomal sensory deficit, or abnormal upper extremity deep tendon reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,304. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Low Back Procedure Summary, Radiography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 52-59.

Decision rationale: The California MTUS guidelines state that unequivocal objective findings of specific nerve compromise on the neurologic exam are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Indiscriminant imaging carries the risk of diagnostic confusion. Guideline criteria have not been met. There is no documentation of dermatomal patterned radicular pain, decreased lower extremity dermatomal sensation, myotomal weakness, or evidence of abnormal lower extremity reflexes to suggest specific nerve root compromise. The patient presents with a complaint of lumbar pain with patchy lower extremity decreased sensation. There is no clinical exam evidence suggestive of a focally severe or progressive nerve deficit to support the use of imaging at this time. Therefore, this request is not medically necessary.

EMG of Left Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Electrodiagnostic Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Electrodiagnostic studies (EDS).

Decision rationale: The California MTUS does not recommend that the routine use of EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms. The Official Disability Guidelines recommends electrical studies in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies. Guideline criteria have not been met. There is no clinical exam evidence suggestive of carpal tunnel syndrome. Provocative testing is not documented. Guidelines generally do not support EMG for initial evaluation for carpal tunnel syndrome. Therefore, this request is not medically necessary.

NCV of Left Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Electrodiagnostic Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Electrodiagnostic studies (EDS).

Decision rationale: The California MTUS does not recommend that the routine use of NCV in diagnostic evaluation of nerve entrapment or screening in patients without symptoms. NCV for evaluation of clinical findings of median impingement at the wrist is indicated after failure of conservative treatment. The Official Disability Guidelines recommends electrical studies in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Guideline criteria have not been met. There is no clinical exam evidence suggestive of carpal tunnel syndrome. Provocative testing is not documented. There is no detailed documentation that recent guideline-recommended conservative treatment had been tried and failed. Therefore, this request is not medically necessary.