

Case Number:	CM14-0122244		
Date Assigned:	08/06/2014	Date of Injury:	08/20/2013
Decision Date:	09/17/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/01/2014

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 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 35-year-old female claimant sustained a work injury on 8/20/13 involving the neck, back, and hands. She was diagnosed with cervicalgia, lumbago and wrist pain. A progress note on 4/22/14 indicated the claimant had right upper extremity numbness, lumbar spine spasms, and wrist pain. A progress note on 5/21/14 indicated the claimant had continued pain and a positive straight leg raise test. The treating physician was awaiting approval on an EMG/NCV study of the lower extremities. An exam note on 7/1/14 indicated the claimant had 8/10 pain in the back and 7/10 in the hands. Exam findings were notable for lumbar spasms and restricted range of motion. The Phalen's test was positive in the wrists with diminished sensation in the radial digits. The treating physician requested an EMG/NCV of the upper and lower extremities and an MRI of the lumbar spine and wrists to further evaluate the symptoms and physical findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: 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): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case there were no findings correlating to the above diagnoses. There was no plan for surgery. The physical findings were indicative of the clinical diagnosis and an MRI is not medically necessary.

MRI bilateral wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the ACOEM guidelines, an MRI is optional for the wrists. In this case, the claimant had carpal tunnel findings. The exam findings were not suggestive of a proximal nerve root problem. There was no plan for surgery or clinical indication for an MRI. The request for an MRI of the wrists is not medically necessary.

EMG bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an EMG is not recommended for obvious radiculopathy. It is recommended to clarify nerve root dysfunction. The clinical findings including the straight leg raise indicate the area of suspected radiculopathy. The EMG of the lower extremity would not change the management of care and is not medically necessary.

NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation (ODG) Lumbar Pain and NCV.

Decision rationale: According to the ACOEM and ODG guidelines, an NCV test is not medically necessary. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical findings including the straight leg raise indicate the area of suspected radiculopathy. The NCV of the lower extremity would not change the management of care and is not medically necessary.

