

Case Number:	CM14-0131605		
Date Assigned:	08/20/2014	Date of Injury:	02/10/1980
Decision Date:	09/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/18/2014

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:

This is a 54-year-old male with a 2/10/80 date of injury, when he injured his neck, back, shoulders and knees while working in his usual capacity as a firefighter. The patient was seen on 5/8/14 with complains of cervical spine pain radiating to the shoulders associated with tingling, numbness and headaches. The patient also complained of occasional pain in both wrists and hands associated with numbness and tingling, frequent lower back pain radiating to the buttocks and occasional knee pain associated with swelling. The physical exam of the cervical spine revealed paravertebral muscle spasm with generalized weakness and numbness and positive Spurling's maneuver. The examination of upper extremities revealed positive Tinel's sign bilaterally, intact sensation in the upper extremities, 5/5 strength in the all muscle groups in the upper extremities, 2+ reflexes in the upper extremities and slightly decreased range of motion in the right upper extremity. The examination of the knees revealed tenderness in the anterior joint line space, positive patellar grind test and positive McMurray test. There were no signs of instability and reflexes was 2+ in the knee and ankle bilaterally. The motor strength was 5/5 in all muscle groups except extensor hallucis longus and common toe extensor, where the strength was 4/5. The sensation was diminished in the right lower extremity. The patient was seen on 07/29/14 with complaints of pain, numbness and weakness in the lower back and legs. The patient reported aggravation of the symptoms at night. Exam findings revealed painful range of motion of the lumbar spine and scar after the back surgery in the lumbar area. The patient was able to heel and toe walk, but have difficulty squatting. Straight leg raising test was 60 degrees on the right and 80 degrees on the left. Sensation was decreased to light touch and pinprick at the right foot. Deep tendon reflexes were 1+ at both knees and left ankle. The diagnosis is cervical/lumbar discopathy, cervicgia, and status post lumbar fusion. Flexion and extension dynamic radiographs of the cervical spine dated 5/8/14 revealed: significant multilevel vertebral

spondylosis from the levels of C3-C7 with kyphotic deformity and instability. Radiographs of the bilateral knees dated 5/8/14 revealed some degenerative changes. Radiographs of the bilateral wrists dated 5/8/14 were within normal limits. Radiographs of the bilateral shoulders dated 5/8/14 revealed some hypertrophy of the distal clavicle. EMG of the lower extremities dated 07/29/14 revealed: chronic L5 nerve root irritation on the right; no electrophysiological evidence of entrapment neuropathy on the peroneal and tibial nerves; no electrophysiological evidence to support distal peripheral neuropathy in the lower extremities. Treatment to date: epidural injections, physical therapy, medications, L4-L5 posterior lumbar fusion, bilateral carpal tunnel release, left knee meniscus surgery. An adverse determination was received on 07/25/14. The request for Electromyography (EMG) Bilateral Upper Extremities was denied due to a lack of documentation regarding 4 weeks of conservative treatment care failing to improve the patient's symptoms. The request for Electromyography (EMG) Bilateral Lower Extremities was approved. The request for MRI Bilateral Knees was denied due to a lack of documentation indicating red flags or hemarthrosis in the knees and that plain radiographs of the knees were not available for the review. The request for MRI Bilateral shoulders was denied due to a lack of plain radiographs available for the review and that the patient did not undergo any recent trauma to the shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, table 10-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck and Upper Back Chapter).

Decision rationale: The ACOEM Guidelines criteria for EMG of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. ODG states that electromyography (EMG) is recommended (needle, not surface) as an option in selected cases. The physical examination performed on 5/8/14 revealed 5/5 strength in all muscle groups in the bilateral upper extremities, 2+ reflexes in the upper extremities and intact sensation in the upper extremities. The flexion and extension dynamic radiographs of the cervical spine dated 5/8/14 revealed significant multilevel vertebral spondylosis from the levels of C3-C7. There is a lack of documentation that the patient tried and failed conservative treatment. Given the patient's injury over 30 years ago, it is not clear why the patient need the EMG at that time. Therefore, the request for Electromyography (EMG) Bilateral Upper Extremities is not medically necessary.

Electromyography (EMG) Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back Chapter EMG/NCV).

Decision rationale: The ACOEM Guidelines states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The patient underwent an EMG of the lower extremities on 07/29/14. Therefore, the request for Electromyography (EMG) Bilateral Lower Extremities is not medically necessary.

MRI Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Knee and Leg Chapter).

Decision rationale: The ACOEM Guidelines recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either non diagnostic or suggesting internal derangement. Radiographs of the bilateral knees dated 5/8/14 revealed some degenerative changes. However, there is a lack of documentation indicating locking, popping, recent effusion or signs of meniscal tear. The patient did not undergo any recent trauma to the knees and the physical examination dated 5/8/14 did not revealed any instability of the knees. Therefore, the request for MRI Bilateral Knees is not medically necessary.

MRI Bilateral shoulders.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Shoulder Chapter, MRI).

Decision rationale: The ACOEM Guidelines criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain

radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. Radiographs of the bilateral shoulders dated 5/8/14 revealed some hypertrophy of the distal clavicle. However, there is a lack of documentation indicating emergence of red flag, neurologic dysfunction and evidence of tissue insult. In addition, the physical examination dated 5/8/14 revealed 5/5 strength in all muscle groups in bilateral upper extremities, 2+ reflexes in the upper extremities and slightly decreased range of motion in the right upper extremity. Therefore, the request for MRI Bilateral shoulders is not medically necessary.