

Case Number:	CM14-0133158		
Date Assigned:	08/22/2014	Date of Injury:	03/13/2014
Decision Date:	12/31/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/20/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 patient with date of injury of 03/13/2014. Medical records indicate the patient is undergoing treatment for contusion of knee, lumbar sprain and post-concussion syndrome. Subjective complaints include leg pain, anxiety and improved dizziness. Objective findings include patellar edema on left, normal ROM to knee, tenderness on palpation to medial joint line of knee, knee joint is stable, positive McMurrays, normal spine, normal strength to dorsi/plantar flexion of great toe, forward flexion of fingertips to mid tibia, tenderness to lumbar musculature. Treatment has consisted of acupuncture, chiropractic treatment and Ultracet. The utilization review determination was rendered on 08/08/2014 recommending non-certification of Brain MRI, EMG for cervical spine and NCS for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brain MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head MRI (Magnetic Resonance Imaging)

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

Decision rationale: ODG states "Neuroimaging is not recommended in patients who sustained a concussion/mild TBI beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted. (Cifu, 2009) See also Diffusion tensor imaging (DTI)." ODG provides additional indications for magnetic resonance imaging:- To determine neurological deficits not explained by CT - To evaluate prolonged interval of disturbed consciousness- To define evidence of acute changes super-imposed on previous trauma or disease)My rationale for why the requested treatment/service is or is not medically necessary:The treating physician does not provide documentation of neurological deficits, prolonged interval of disturbed consciousness or evidence of acute changes super-imposed on previous trauma or disease. The documentation provided does not indicate any red-flag symptoms that would warrant the need for further imaging. As such, the request for Brain MRI is not medically necessary.

EMG for cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM states "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The medical documentation provided does not document cervical spine complaints. As such the request for EMG for cervical spine is not medically necessary.

NCS for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." CMS also specifically writes regarding sensory or voltage type nerve conduction

testing, "Based on the evidence as a whole, CMS concludes that the use of any type of s-NCT device (e.g., "current output" type device used to perform CPT, PPT, or PTT testing or "voltage input" type device used for v-NCT testing) to diagnose sensory neuropathies or radiculopathies."The medical documentation provided does not document cervical spine complaints. As such the request for NCS for the cervical spine is not medically necessary.