

Case Number:	CM14-0136675		
Date Assigned:	09/03/2014	Date of Injury:	06/11/2014
Decision Date:	09/30/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 case involves a 41 year old with an injury date on 6/11/14. Patient complains of severe cervical pain/headaches, middle/lower lumbar pain, right shoulder pain and numbness/tingling in the left lower extremity per 7/28/14 report. Patient also complains of constipation, and uses a cane for ambulation per 7/28/14 report. Based on the 7/28/14 progress report provided by [REDACTED] the diagnoses are cervical radiculitis; rule out right shoulder impingement; cervical muscular/ligamentous strain; lumbar radiculopathy; reactive sleep disturbance; and history of postpartum depression. Exam on 7/28/14 showed "patient is obese, grimaces on movement. In addition, has difficulty arising from seated position, unable to heel-toe walk. Forward flexion is 20 degrees, extension is 5 degrees. The patient is unable to squat more than 30% and has decreased range of motion in bilateral shoulders. Straight leg raise positive in seated position at 50 degrees." [REDACTED] is requesting MRI without contrast cervical spine, MRI without contrast thoracic spine, MRI without contrast lumbar spine, MRI without contrast right shoulder, EMG bilateral lower extremities, NCV bilateral lower extremities, chiropractic therapy 8 sessions, 8x acupuncture sessions of the lumbar spine, and low back brace purchase. The utilization review determination being challenged is dated 8/16/14 and denies EMG of bilateral lower extremities due to lack of documentation that patient has failed a month of conservative therapy. [REDACTED] is the requesting provider, and he provided treatment reports from 7/28/14 to 8/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, shoulder chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178 and Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: This patient presents with neck pain, back pain and right shoulder pain. The treater has asked for MRI without contrast cervical spine on 7/28/14. Review of the reports do not show any evidence of a cervical MRI or radiographic imaging of the neck being done in the past. In regard to chronic neck pain, AECOM requires red flag, and physiologic evidence of tissue insult or neurologic dysfunction for specialized studies. Official Disability Guidelines (ODG) also supports MRI's for neurologic signs and symptoms. For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multi planar reconstruction is recommended. (Daffner, 2000) (Bono, 2007). In this case, there is no documentation that patient has undergone radiographic imaging prior to an MRI. There are no red flags such as a progressive neurologic deficit. The requested MRI without contrast cervical spine is not considered medically necessary for this type of condition. Therefore, this request is not medically necessary.

MRI without contrast thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Low Back - Lumbar & Thoracic.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 303 and on the Non-MTUS Official Disability Guidelines (ODG) Lower Back, Protocols (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols).

Decision rationale: This patient presents with neck pain, back pain and right shoulder pain. The treater has asked for MRI without contrast thoracic spine on 7/28/14. Review of the reports does not show any evidence of a thoracic MRI being done in the past. ACOEM guidelines state: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." In this case, the documentation does not show a failure of conservative treatment as per ACOEM guidelines. There are no radicular symptoms, no red flags. The requested MRI without contrast thoracic spine is not indicated for this patient's condition. Therefore, the request is not medically necessary.

MRI without contrast lumbar spine.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Low Back - Lumbar & Thoracic.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 303 and on the Non-MTUS Official Disability Guidelines (ODG) Lower Back, Protocols (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols).

Decision rationale: This patient presents with neck pain, back pain and right shoulder pain. The treater has asked for MRI without contrast lumbar spine on 7/28/14. Review of the reports does not show any evidence of any lumbar MRIs being done in the past. ACOEM guidelines state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." In this case, the documentation does not show a failure of conservative treatment as per ACOEM guidelines. There are no red flags such as a progressive neurologic deficit. The requested MRI without contrast lumbar spine is not considered medically necessary. Therefore, the request is not medically necessary.

MRI without contrast right shoulder.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, shoulder chapter.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 9 Shoulder Complaints, page 207-208 and on the Non-MTUS Official Disability Guidelines (ODG) – Treatment in Workers Compensation (TWC) (<http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>).

Decision rationale: This patient presents with neck pain, back pain and right shoulder pain. The treater has asked for MRI without contrast right shoulder on 7/28/14. Review of the reports do not show any evidence of any shoulder MRIs being done in the past. Regarding shoulder MRIs, ACOEM guidelines state: "Routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." In this case, the documentation does not show a failure of conservative treatment, nor is there evidence of radiographic imaging taking place. There is no suspicion for rotator cuff or labral tears. The requested MRI without contrast right shoulder is not indicated for this patient at this time. As such, the request is not medically necessary.

Electromyography (EMG) Bilateral Lower Extremities: Overturned

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, Chapter 14 Ankle and Foot Complaints Page(s): 303, 366-367.

Decision rationale: This patient presents with neck pain, back pain and right shoulder pain. The treater has asked for EMG bilateral lower extremities on 7/28/14. Regarding electrodiagnostic studies of lower extremities, ACOEM page 303, supports an EMG and H-reflex tests to determine subtle, focal neurologic deficit. The review of the records does not show prior EMG/NCV studies. In this case, the treater has asked for EMG lower extremities, which is reasonable considering persistent radiculopathy. As such, this request is medically necessary.

Nerve conduction velocity (NCV) Bilateral Lower Extremities: 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, Chapter 14 Ankle and Foot Complaints Page(s): 303, 366-367.

Decision rationale: This patient presents with neck pain, back pain and right shoulder pain. The treater has asked for NCV bilateral lower extremities on 7/28/14. Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. Official Disability Guidelines (ODG) does not support NCV studies for symptoms that are presumed to be radicular in nature. In this case, the patient's leg symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy. As such, this request is not medically necessary.

Chiropractic therapy 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter on Manual Therapy and Treatments Page(s): 58-59.

Decision rationale: This patient presents with neck pain, back pain and right shoulder pain. The treater has asked for chiropractic therapy 8 sessions on 7/28/14. Review of the reports does not show any evidence of chiropractic treatments being done in the past. MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. MTUS guidelines require a trial of 3-6 sessions before a longer course of therapy is indicated. This patient has not yet undergone a trial of 3-6 sessions. Based on the MTUS guidelines, this request is not medically necessary.

8 x Acupuncture sessions of the lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with neck pain, back pain and right shoulder pain. The treater has asked for 8x acupuncture sessions of the lumbar spine on 7/28/14. Review of the reports does not show any evidence of prior acupuncture treatments. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. This patient has not yet undergone a trial of 3-6 sessions of acupuncture. Based on MTUS guidelines, this request is not medically necessary.

Low back brace purchase.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Back Brace.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 301 and on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: This patient presents with neck pain, back pain and right shoulder pain. The treater has asked for low back brace purchase on 7/28/14. Regarding lumbar supports, Official Disability Guidelines (ODG) does not recommend for prevention but allow as an option for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence, but may be a conservative option). In this case, the patient does not present with a compression fracture or any other back condition that is indicated per ODG guidelines for a back brace. Therefore, this request is not medically necessary.