

Case Number:	CM14-0147975		
Date Assigned:	09/15/2014	Date of Injury:	11/04/2013
Decision Date:	12/22/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/11/2014

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 Emergency 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 39 year old woman sustained an industrial injury on 11/4/2013 due to a motor vehicle accident in which she was rear ended. She was not immediately offered medical care, however, sought care on her own. Patient has a diagnosis of past motor vehicle collision, cervical spine sprain, cervical disc displacement, left shoulder SLAP tear, bilateral shoulder AC arthritis, sprain of shoulder, low back pain, lumbar disc displacement and left leg pain. Treatment has included x-rays of cervical and lumbar spine and bilateral shoulders, trigger points impendence imaging, oral and topical medications, shockwave therapy to the cervical and lumbar spine and bilateral shoulders, lumbosacral orthotic device, physical therapy, acupuncture, TENS therapy, and hot and cold applications. The last report from the orthopedic surgeon on 7/22/2014 states pain in the neck of 7-8/10 with exacerbations when looking up or down, to either side, or repetitious movement, and associated with numbness and tingling of the bilateral upper extremities; dull, achy bilateral shoulder pain that radiates down the arms to the fingers and involves muscle spasms with the left shoulder reported to be slightly worse and is aggravated with exertion of the upper extremities or doing work at or above the level of the shoulders; and dull, achy low back pain with spasms associated with pain, numbness and tingling in the left leg, aggravated by prolonged positioning, arising from a sitting position, ascending or descending stairs, stooping, and activities of daily living. There is documentation of tenderness to palpation in the suboccipital muscles and decreased range of motion measurements to the bilateral shoulders, cervical spine, and lumbar spine. Right shoulder exam had basically mild-moderate decreased range of motion. "positive" for Supraspinatus and Apley's test. Neurological exam had decreased sensation to bilateral upper extremities from C5-T1 dermatomes. Strength exam was decreased due to pain. Reflexes were normal. Lumbar exam was negative for straight leg raise and positive for Kemp's bilaterally. Neurological exam was normal with "decreased strength due to pain".

Multiple medications were continued as prescribed, and the worker was instructed to return for follow up in four weeks. The worker remained on temporarily totally disabled status. Per right shoulder MRI from 8/9/2014, there was evidence of tendinosis, bursitis, AC joint hypertrophic changes, and no new abnormalities. MRI of lumbar spine from 8/9/14 revealed L5-S1 left paracentral posterior disc protrusion narrowing the left lateral recess touching descending left S1 nerve root. No change compared to prior study. MRI of cervical spine from 8/9/14 revealed straightening of cervical spine; C2-3 and C5-6 intervertebral disc is partially dessicated with preservation of height and C5-6 and C6-7 with focal right paracentral posterior disc protrusion that deforms the ventral thecal sac. No change from prior study. Medications include cyclobenzaprine and ketoprofen cream. Patient is also prescribed multiple compounded non-FDA approved substances such as "Tabradol", "Deprizine", "Dicopanol", "Fanatrex" And "Synapryn". On 8/22/2014 Utilization Review evaluated requests for nerve conduction velocity of bilateral lower and upper extremities, electromyography of bilateral lower and upper extremities, and an MRI of the right shoulder. The physician noted that there was no documentation submitted to provide evidence that the requested testing is medically necessary per MTUS guidelines. The MRI request was denied as there was no evidence of progressing symptoms and failure to meet guideline criteria for a repeat study. Bilateral lower extremity EMG and NCV was denied based on the presumptive radiculopathy and the guidelines stating that EMGs are not necessary when radiculopathy is already clinically obvious. Bilateral upper extremity EMG and NCV was denied due to the guidelines stating it is not necessary to demonstrate cervical radiculopathy and the results tend to lead to over treatment. The requests were denied and subsequently appealed to independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity (NCV) of bilateral lower extremities: 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 and Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. No appropriate conservative treatment has been documented and patient is receiving multiple non-FDA approved substances that cannot be considered evidence based conservative treatment. NCV is not medically necessary.

Electromyography (EMG) of bilateral lower extremities: 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 and Thoracic (Acute & Chronic), EMGs (electromyography)

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

Decision rationale: As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is no documentation of any radiculopathy or nerve root dysfunction on the lower limb to support EMG use. There is no neurological deficits documented. There is no motor deficit beyond limitation from pain. There is no evidence based rationale or any justification noted by the requesting provider. No appropriate conservative treatment has been documented and patient is receiving multiple non-FDA approved substances that cannot be considered evidence based conservative treatment. EMG is not medically necessary.

Nerve conduction velocity (NCV) of bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS)

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

Decision rationale: As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there is signs of median or ulnar nerve entrapment. There is only vague documentation of decreased sensation that does not correlate with cervical MRI or median or ulnar nerve entrapment. Symptoms are chronic and unchanged from prior. No justification or rationale was provided by the provider. No appropriate conservative treatment has been documented and patient is receiving multiple non-FDA approved substances that cannot be considered evidence based conservative treatment. An NCV for bilateral upper extremity is not medically necessary.

Electromyography (EMG) of bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in

neurological exam or complaints. There is no rationale about why testing is requested for a chronic condition. There is only vague documentation of decreased sensation bilaterally that does not correlate with cervical MRI. No appropriate conservative treatment has been documented and patient is receiving multiple non-FDA approved substances that cannot be considered evidence based conservative treatment. EMG of bilateral extremities is not medically necessary.

1 MRI of the 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, Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208.

Decision rationale: As per MTUS ACOEM Guidelines, imaging of right shoulder should be considered when there are emergence of red flag(limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient fails all criteria. There is no red flags or signs of loss of neurovascular function. There is no plan for surgery. Patient had a recent MRI of the shoulder done on 8/9/14 with no rationale documented for why a repeat MRI was needed. MRI of R shoulder is not medically necessary.