

Case Number:	CM14-0153930		
Date Assigned:	09/30/2014	Date of Injury:	05/23/2013
Decision Date:	10/28/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/22/2014

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:

Patient with reported date of injury on 5/23/2013. Mechanism of injury is described as cumulative trauma. Patient has a diagnosis of cervical spine sprain, lumbar spine herniated nucleus pulposus, L knee history of fracture, L knee post arthroscopy, sprain of R knee and R shoulder post Bristol procedure. Medical reports reviewed last report available until 9/3/14. Patient has complaints of L knee pain, mid and low back pain. Has some burning sensation to upper back radiating to R thigh. Also has noted more spasms. Objective exam reveals normal grip strength, tenderness to lower lumbar spine and moderately decreased range of motion (ROM). Reportedly had cervical paraspinal tenderness with positive Spurling's and decreased ROM. No recent full exam was documented. Last full exam was from 5/10/14. Cervical spine had normal ROM with pain with bending; Bilateral midclavicular, trapezium, scapula and midcervical spine pain. Negative cervical compression. Arm exams were normal with normal ROM, strength and no neurological deficits. Thoracic and lumbar exam had normal ROM with tenderness with extension. Noted negative pelvic tilt, straight leg raise, Patrick and Faber test. No spasms with tenderness to bilateral mid lumbar paraspinals. MRI of lumbar spine (8/22/13) revealed mild bilateral foraminal narrowing due to 2mm disc bulge at L2-3 and L3-4. No medication list was provided for review, only noted to be on Motrin, Norco and Soma. Patient has undergone chiropractic, home exercise and physical therapy. Independent Medical Review is for Urine Drug Screening, MRI of Cervical Spine, EMG of bilateral upper extremities, NCV of bilateral upper extremities, EMG of bilateral lower extremities and NCV of bilateral lower extremities. Prior UR on 9/17/14 recommended non-certification. It modified urine drug screen to qualitative testing and approved Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary requesting physician for Urine Toxicology does not document monitoring of CURES and asking questions concerning suspicious activity or pain contract. There is no documentation of abuse and no prior drug screening results were provided. Urine Toxicology Screen is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and upper back complaints

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. There are no documented red flag findings in complaints or exam. There is no noted goal of the MRI and there is no documentation as to why there is a need for MRI. Prior physical therapy has been for back pain and knee problem, there is no documentation of physical therapy to the neck. Patient meets no criteria for MRI of neck. MRI of the cervical spine is not medically necessary.

EMG of the 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 - TWC _ EMGs - Electromyography

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 are 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. There is no rationale about why testing is requested for a chronic condition.

Patient has no neurological dysfunction and has normal exam as per orthopedist. Therefore, this request is not medically necessary.

NCV of the 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 - TWC - NCV- Nerve Conduction Velocities

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 a sign of median or ulnar nerve entrapment. Pt has not had any documented changes in neurological exam or complaints. There is no rationale about why testing is requested. Patient has no neurological dysfunction and has normal exam. NCV of bilateral upper extremity is not medically necessary.

NCV of the 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 - TWC - NCV- Nerve Conduction Velocities

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. NCV is not medically necessary.

EMG of the 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 - TWC _ 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 proper documentation of nerve root dysfunction by the requesting except for back pains. There is no mention of neurological exam or prior imaging testing as per documentations. EMG is not medically necessary.

