

Case Number:	CM14-0175824		
Date Assigned:	10/28/2014	Date of Injury:	08/14/2012
Decision Date:	12/10/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/23/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 55 year old male with a date of work injury is 8/14/12. The diagnoses include lumbosacral neuritis; rotator cuff syndrome; traumatic brain injury; and multiple lower extremity orthopedic fractures. There is a 10/27/14 document that notes the patient's diagnoses as status post head trauma with basal skull fracture, multiple parenchymal contusion, subarachnoid and subdural hematoma, and subsequent occipital craniotomy due to transtentorial herniation with extensive residual encephalomalacia; traumatic brain injury with cognitive impairment; loss of sense of hearing and smell, defer to ENT and depression, defer to psychiatrist. There are request for authorization for cognitive rehabilitation and psychotherapy; follow up with ear, nose, and throat doctor; orthopedic surgery; and neurological follow up in six weeks. There is a 10/30/14 document that states that the patient has pain and numbness in the legs and left foot. On exam, there are no focal deficits. He presents today for electrodiagnostic evaluation of the lower extremities. The conclusion of the EMG/NCS states There is electrodiagnostic evidence of an old left L5 radiculopathy characterized by no denervation and well established re-innervation. In addition, there is evidence of a left superficial peroneal mononeuropathy characterized by an absent superficial peroneal sensory response. A 9/25/14 utilization review states that A PR-2 dated 8/13/14 was mostly illegible. The patient complained of frequent low back pain with radiculopathy, left greater than right. An examination revealed lumbar spine tenderness, positive straight leg raise (SLR) left greater than right and decreased lower extremity (LE) sensation at L5. The recommendation was for work modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Sacral Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- MRIs (magnetic resonance imaging)

Decision rationale: MRI of Lumbar Sacral Spine is not medically necessary per the MTUS ACOEM guidelines. The guidelines state that when the neurologic examination is less clear 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. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. The ODG recommends lumbar MRI with progressive neurological condition; trauma; red flag condition. The documentation does not reveal red flag conditions, new trauma, or clarification on why lumbar MRI is necessary. The documentation is not clear on any prior lumbar imaging or any conservative treatments such as PT attempted prior to requiring a lumbar MRI. The request for MRI of Lumbar Sacral Spine is not medically necessary.

Bilateral Lower Extremities EMG/NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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- Electrodiagnostic studies (EDS)

Decision rationale: Bilateral Lower Extremities EMG/NCV is not medically necessary per the ACOEM MTUS and ODG guidelines. The MTUS guidelines state that 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. The ODG states that Nerve conduction studies (NCS) are not recommended for low back conditions, and EMGs (Electromyography) are recommended as an option for low back. The documentation is not clear on why nerve conduction studies are necessary as there is not documentation of peripheral polyneuropathy symptoms in the lower extremities. It is not clear how long the patient's symptoms have been going on from the documentation submitted. The request for bilateral lower extremities EMG/NCV is not medically necessary.

Right Shoulder DX Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Right shoulder ultrasound is not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that the results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. The documentation does not reveal physical exam findings of the shoulder or any suggestion of shoulder pathology. The request for right shoulder ultrasound is not medically necessary.