

Case Number:	CM14-0180822		
Date Assigned:	11/05/2014	Date of Injury:	08/31/2012
Decision Date:	12/11/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/30/2014

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 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 is a 63-year old male injured worker with a date of injury on 8/31/2012. The mechanism of injury occurred when the injured worker was lifting a heavy box of 75 pounds and injured his neck and lower back. According to a progress report dated 10/17/14, the injured worker complained of constant severe, throbbing lower back pain with muscle spasms, numbness, and tingling radiating upwards to mid back. He also complained of cramps on bilateral knees, constant numbness on right elbow, and aching right shoulder pain. Objective findings: lumbar spine was tender with muscle spasms at levels L1-5, positive bilateral straight leg raising, and chest was clear with continuous rhythm heart rate. Diagnostic impression: cervical/thoracic/lumbar spine sprain/strain, right shoulder impingement, right upper extremities neuropathy, lumbar spine radiculopathy. Treatment to date: medication management, behavioral modification, epidural steroid injections, therapy. Magnetic resonance imaging (MRI) right shoulder (9/25/2013): increased signal in posterior labrum suggestive for a posterior labral tear. Magnetic resonance imaging (MRI) thoracic spine (9/9/2014): 1-2mm posterior disc bulge at T8-T12 without evidence of canal stenosis or neural foraminal narrowing. A UR decision dated 10/13/2014 denied the request for Orthopedic Consultation, MRI of thoracic spine, MRI of Lumbar spine, Electromyography/Nerve Conduction Velocity (EMG/NCV) of upper extremities, Electromyography/Nerve Conduction Velocity (EMG/NCV) of lower extremities, and Pain Management. Regarding Orthopedic Consultation, the provider was requesting orthopedic consultation of the right shoulder. While the claimant reports functional deficits, there was limited evidence of current examination findings regarding the right shoulder to include positive orthopedic testing that would indicate pathology. Regarding MRI of thoracic spine, although the injured worker presented with pain symptoms in the mid back and deficits, there was limited clinical documentation of pathology regarding the thoracic spine in a specific nerve root.

distribution on examination findings. Regarding MRI of lumbar spine, although the injured worker presented with pain symptoms in back and deficits, there was limited evidence of current examination findings to include neurological deficits to support a lumbar MRI. It was unclear if the injured worker has failed recent trailed attempts for symptom management as there was no clear evidence regarding previous care. Regarding EMG/NCV of upper extremities, the injured worker presented with radiating pain in upper extremities. However, despite persistent subjective complaints, there was limited evidence of current specific or significant examination findings, which indicate evidence of radiculopathy or peripheral nerve entrapment to support the requested electromyography and nerve conduction testing. Regarding EMG/NCV of the lower extremities, there is limited evidence of radiculopathy and peripheral entrapment upon examination in the lower extremities upon examination. Regarding pain management, while the claimant reports persistent pain complaints and functional deficits, there was limited evidence of current examination findings regarding the right shoulder. There was no clear rationale provided as to why the claimant needs additional referral with a different specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation: 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 Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations, page(s) 127, 156 Official Disability Guidelines (ODG) Pain Chapter-Office visits

Decision rationale: CA MTUS states that consultations are "recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise." However, in the present case, the injured worker had a comprehensive orthopedic evaluation on 10/9/14 in which the provider recommended a right shoulder arthroscopic subacromial decompression with distal clavicle resection. It is unclear why this injured worker would require another orthopedic consultation at this time. Therefore, the request for Orthopedic Consultation was not medically necessary.

Magnetic Resonance Imaging (MRI) of Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Magnetic Resonance Imaging (MRI)

Decision rationale: CA MTUS criteria for imaging studies include red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration of surgery. In addition, ODG supports thoracic MRI studies in the setting of thoracic spine trauma with neurological deficit. However, in the present case, this injured worker just had a thoracic MRI on 9/9/14. There is no documentation of a significant change in the injured worker's symptoms and/or findings suggestive of significant pathology to warrant a repeat MRI in such a short time. In addition, there is no documentation of focal neurological deficits noted on physical examination. Furthermore, there is no documentation as to failure of conservative management. Therefore, the request for Magnetic Resonance Imaging (MRI) of Thoracic Spine is not medically necessary.

Magnetic Resonance Imaging (MRI) of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines Low Back Complaints Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Magnetic Resonance Imaging (MRI)

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, according to the reports provided for review, there is no documentation of focal neurological deficits noted on physical examination. In addition, there is no discussion regarding prior imaging and no mention of surgical consideration. Furthermore, there is no documentation as to failure of conservative management. Therefore, the request for Magnetic Resonance Imaging (MRI) of Lumbar Spine is not medically necessary.

Electromyography/Nerve Conduction Velocity (EMG/NCV) of Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - EMG/NCV

Decision rationale: CA MTUS criteria for Electromyography/Nerve Conduction Velocity (EMG/NCV) of Upper Extremities include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment.

However, in the present case, there is no objective signs documented that suggests radiculopathy or neuropathy. There is no documented evidence of prior conservative treatment. Therefore, the request for Electromyography/Nerve Conduction Velocity (EMG/NCV) of Upper Extremities is not medically necessary.

Electromyography/Nerve Conduction Velocity (EMG/NCV) of Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - EMG/NCV

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, "are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks." In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the present case, there is no objective signs documented that suggests radiculopathy or neuropathy. There is no documented evidence of prior conservative treatment. Therefore, the request for Electromyography/Nerve Conduction Velocity (EMG/NCV) of Lower Extremities is not medically necessary.

Pain Management: 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 Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6-Independent Examinations and Consultations page(s)127, 156 Official Disability Guidelines (ODG) Pain Chapter - Office Visits

Decision rationale: CA MTUS states that consultations are "recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise." However, in the present case, this injured worker has already had a pain management consultation on 8/21/14. It is unclear why he would require an additional consultation at this time. The clinical notes lacked evidence to support the injured worker returning for a follow-up visit with pain management. Therefore, the request for Pain Management is not medically necessary.

