

Case Number:	CM14-0022988		
Date Assigned:	05/14/2014	Date of Injury:	08/29/2010
Decision Date:	07/10/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 Psychology, has a subspecialty in Health Psychology and Pain Management 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:

The applicant has been treated with the following: Analgesic medications, attorney representation; adjuvant medications; opioid therapy; transfer of care to and from various providers in various specialties; earlier right elbow lateral epicondylar release surgery; and extensive periods of time off of work. In a Utilization Review Report dated February 14, 2014, the claims administrator approved a request for Lyrica while denying a request for MR neurography of the elbow. Non California Medical Treatment Utilization Schedule (MTUS) 2004 American College of Occupational and Environmental Medicine (ACOEM) Guidelines, non-MTUS Official Disability (ODG) Guidelines, and non-MTUS American College of Radiology (ACR) guidelines were cited. The claims administrator, it is incidentally noted, cited 2004 ACOEM Chapter 10 Guidelines on the elbow and mislabeled said guideline as originating from the MTUS. In a February 21, 2014 progress note, the attending provider appealed the denial, noting that the applicant had ongoing issues with elbow pain. The attending provider believed that the applicant was losing function in the median, radial, and lateral antebrachial cutaneous nerves. The applicant had issues with paresthesias about the elbow, severe, 10/10. The applicant's arm was weak. She was feeling depressed and hopeless, it was stated. Neurography of the elbow was endorsed to evaluate the nerves prior to a surgical consultation. The applicant was using Norco and Lyrica. Markedly limited elbow range of motion was noted with swelling about the elbow joint. The applicant had restricted range of motion about the fingers and could only partially grasp with the fingers. The attending provider went on to request MR neurography of the elbow and consultation with an orthopedic elbow surgeon. It was stated that earlier MRI imaging was essentially negative and notable only for lateral epicondylitis. The applicant was placed off of work. It was stated that earlier electro diagnostic

testing showed absent radial responses below the elbow and severe conduction block of the medial nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR NEUROGRAPHY OF THE RIGHT ELBOW: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34.

Decision rationale: While the California Medical Treatment Guidelines (MTUS) does not specifically address the topic of MR neurography, the MTUS Guideline in American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 10, page 34 does acknowledge that an imaging study may be an appropriate consideration for an applicant whose limitations due to consistent symptoms that have persisted for one month or more when surgery is being considered for a specific anatomic defect. In this case, the applicant's requesting provider has seemingly posited that the applicant is in fact a candidate for further elbow surgery. The attending provider has posited that the applicant has evidence of muscle denervation and compromise of multiple nerves about the right upper extremity. It is stated that MR neurography will potentially be of benefit in identifying which areas and nerves could in fact be operated upon here. It is further noted that the Schmidek Operative Neurosurgical Techniques textbook does state that MRI and/or MR neurography can be a useful adjunct to electrodiagnostic studies for evaluating muscle denervation. In this case, the applicant does apparently have muscle denervation, atrophy, and weakness about the affected upper extremity and digits. MR neurography to more clearly delineate the extent and magnitude of the same is indicated, appropriate, and supported both by ACOEM and Schmidek. Therefore, the request is medically necessary.