

Case Number:	CM14-0030675		
Date Assigned:	06/20/2014	Date of Injury:	08/29/2008
Decision Date:	07/28/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 52-year-old male who reported an injury on 08/29/2008. The mechanism of injury involved heavy lifting. Current diagnoses include chronic neck pain, status post right shoulder arthroscopy, right dorsal wrist and hand pain, chronic low back strain, rule out cervical radiculopathy, right and left hip abnormality, and complaints of depression with anxiety and insomnia. The injured worker was evaluated on 01/16/2014. The injured worker has undergone x-rays of the right shoulder, neck, right hand, lower back, and right hip, as well as MRI studies of the neck, lower back, and right hip. Previous conservative treatment includes epidural steroid injections, physical therapy, and massage therapy. The injured worker reported persistent pain over multiple areas of the body. Physical examination revealed limited range of motion of the cervical spine with tenderness to palpation, atrophy in the right shoulder, limited range of motion of the right shoulder, myofascial tenderness to palpation of bilateral trapezius muscles, positive impingement testing on the right, muscle guarding in the lumbar spine with limited range of motion, positive straight leg raising, paraspinal muscle tenderness, intact sensation, and diminished strength in the right shoulder. Treatment recommendations at that time included continuation of current medications, authorization for an MRI of the cervical and lumbar spine, ultrasound of the right shoulder, electrodiagnostic studies of bilateral upper and lower extremities, and authorization for 12 sessions of physical therapy for the neck, right shoulder, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator 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 Chapter, Magnetic Resonance Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging.

Decision rationale: California MTUS Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant, the selection of an imaging test. Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, uncomplicated low back pain with a suspicion for red flags, or myelopathy. As per the documentation submitted, the patient has previously undergone x-rays and an MRI of the lumbar spine. There is no evidence of a progression or worsening of symptoms or physical examination findings that would warrant the need for a repeat study. There is no evidence of radiculopathy or neurological deficit. Therefore, the current request of Lumbar MRI is not medically necessary and appropriate.

EMG (Electromyography) bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Neck and Upper Back Chapter, EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There is no mention of a recent attempt at conservative treatment prior to the request for an electrodiagnostic study. There is also no indication of a significant neurological deficit with regard to the cervical spine or the bilateral upper extremities that would warrant the need for an electrodiagnostic study. As such, the request for EMG (Electromyography) bilateral upper extremities is not medically necessary and appropriate.

NCS (Nerve Conduction Studies) for bilateral Upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Neck and Upper Back Chapter- Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There is no mention of a recent attempt at conservative treatment prior to the request for an electrodiagnostic study. There is also no indication of a significant neurological deficit with regard to the cervical spine or the bilateral upper extremities that would warrant the need for an electrodiagnostic study. As the medical necessity has not been established, the current request for NCS (Nerve Conduction Studies) for bilateral Upper extremities is not medically necessary and appropriate.

EMG (Electromyography) for bilateral Lower extremities: Upheld

Claims Administrator 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 Chapter- EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state nerve conduction studies are not recommended for low back conditions. Electromyography is recommended as an option after 1 month of conservative therapy. There was no evidence of radiculopathy upon physical examination. There is also no mention of a recent attempt at conservative treatment prior to the request for electrodiagnostic studies. As such, the request for EMG (Electromyography) for bilateral Lower extremities is not medically necessary and appropriate.

NCS (Nerve Conduction Studies) for bilateral lower extremities: Upheld

Claims Administrator 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 Chapter, Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state nerve conduction studies are not recommended for low back conditions. Electromyography is recommended as an option after 1 month of conservative therapy. There was no evidence of radiculopathy upon

physical examination. There is also no mention of a recent attempt at conservative treatment prior to the request for electrodiagnostic studies. As such, the request for NCS (Nerve Conduction Studies) for bilateral lower extremities is not medically necessary and appropriate.

Physical therapy, 12 sessions for the neck, right shoulder and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Suffering and The restoration of Function Chapter, page 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER CHAPTER, PHYSICAL THERAPY.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. Treatment for unspecified myalgia and myositis includes 9-10 visits over 8 weeks. Official Disability Guidelines state physical medicine treatment for impingement syndrome includes 10 visits over 8 weeks. The current request for 12 sessions of physical therapy for the neck, right shoulder, and lumbar spine exceeds guideline recommendations. Additionally, there is no documentation of the previous course of physical therapy, with evidence of objective functional improvement. Based on the clinical information received, the request for Twelve (12) Physical therapy sessions for the neck, right shoulder and lumbar spine is not medically necessary and appropriate.