

Case Number:	CM14-0032457		
Date Assigned:	06/20/2014	Date of Injury:	10/09/2013
Decision Date:	07/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/14/2014

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 Texas and Ohio. 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 50-year-old female who reported an injury on 10/09/2013. The mechanism of injury was not specifically stated. The current diagnoses include dislocation of the knee, displacement of cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, and degeneration of lumbar or lumbosacral intervertebral disc. The injured worker was evaluated on 02/24/2014. The injured worker reported constant sharp pain with radiation into the bilateral knees. Physical examination revealed pain in the bilateral lower extremities and left upper extremity. Treatment recommendations included authorization for an MRI of the cervical and lumbar spine, electrodiagnostic testing of the bilateral lower extremities, and a return office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: 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 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state criteria for ordering imaging studies of the cervical spine includes the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, and for clarification of the anatomy prior to an invasive procedure. The injured worker does not meet criteria as outlined by the California MTUS/ACOEM Practice Guidelines. There is no evidence of a significant musculoskeletal or neurological deficit with regard to the cervical spine. There is also no mention of a failure to progress in a strengthening program. As such, the request is non-certified.

MRI of the 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): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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. There was no physical examination of the lumbar spine provided for review. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There is also no mention of an attempt at conservative treatment prior to the request for an imaging study. As such, the request is non-certified.

MRI of the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. As per the documentation submitted, there was no physical examination of bilateral knees provided for this review. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There was also no mention of an attempt at conservative treatment prior to the request for an imaging study. As such, the request is non-certified.

Electromyography (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178.

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 Electromyography may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there was no physical examination of the cervical spine or the bilateral upper extremities provided for this review. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There is also no mention of an attempt at conservative treatment prior to the request for electrodiagnostic studies. Based on the clinical information received, the request is non-certified.

Nerve Conduction Velocity (NCV) study of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: California MTUS/ACOEM Practice Guidelines Nerve Conduction Velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there was no physical examination of the cervical spine or the bilateral upper extremities provided for this review. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There is also no mention of an attempt at conservative treatment prior to the request for electrodiagnostic studies. Based on the clinical information received, the request is non-certified.