

Case Number:	CM14-0034666		
Date Assigned:	07/23/2014	Date of Injury:	04/26/2012
Decision Date:	09/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/20/2014

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 Occupational Medicine, 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 injured worker's date of injury is 04/26/2012. Details about the original injury were not provided. The treating physician is treating this patient for shoulder and upper arm pain, cervical and lumbar disc disease without myelopathy, and knee and leg pain. In the interim report dated 02/17/2014 the patient reports persisting pain in the neck, shoulders, knees in lo back. The physical exam shows tenderness of the subacromial region. Internal rotation is 40 degrees. There is a positive impingement sign bilaterally. Both wrists are tender at the carpal tunnel. There is numbness in the velar regions bilaterally. In the low back there is tenderness in the paravertebral muscle areas. Flexion is reduced to 40 degrees. Deep tendon reflexes are absent in the lower extremities. There are no motor deficits. SLR testing is positive at 40 degrees with a positive Lesegue's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines neck and upper back MRI.

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

Decision rationale: The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for "red flag" conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. The MTUS criteria for imaging of the spine are based on the presence of very good clinical evidence of significant pathology in the spine. Ongoing pain or non-specific radiating symptoms do not constitute a sufficient basis for performing an MRI. The treating physician has not documented any specific neurological deficits that are indicative of radiculopathy or other signs of significant spinal pathology. The MRI is not medically necessary based on the recommendations in the MTUS.

MRI bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 208, criteria for shoulder imaging.

Decision rationale: The ACOEM Guidelines, Pages 207-9, discuss the criteria for imaging of the shoulder. Special studies are not needed unless there has been a 4-6 week period of conservative care. Exceptions to this rule include the specific bony pathology listed on page 207, and neurovascular compression. The necessary components of the shoulder exam are not present, see page 200 of the ACOEM Guidelines. The available reports do not adequately explain the kinds of conservative care already performed and do not adequately address the long history of shoulder pain (which pre-exists any pain present since 2012). The injured worker currently has non-specific, non-articular, regional pain, which is not a good basis for performing an MRI. The treating physician has not provided sufficient evidence in support of likely intra-articular pathology or the other conditions listed in the MTUS. The MRI Bilateral Shoulders is not medically necessary based on the MTUS recommendations.

MRI Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Procedures.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 332-335, 341, 343, 344-345, 347.

Decision rationale: Per the ACOEM Guidelines Page 341, special studies are not needed to evaluate most knee conditions until after a period of conservative care and observation. Page 343 lists surgical indications: activity limitation for more than one month, failure of an exercise program. Page 347 lists the clinical findings which indicate the need for surgery. In this case the

question would be whether there is a realistic possibility of significant intra-articular pathology and need for surgery after a failure of conservative care. The available reports do not adequately explain the kinds of conservative care already performed. The necessary components of the knee exam are not present, see pages 332-335 of the ACOEM Guidelines. There is no evidence of a period of sufficient conservative care prior to prescribing the MRI, the necessary components of the examination are not provided, and the treating physician has not accounted for the long history of knee pain prior any injury in 2012. The MRI is not medically necessary based on the MTUS and lack of specific indications.

EMG Bilateral 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 8 Neck and Upper Back Complaints Page(s): 168-171, 182.

Decision rationale: There are no reports from the prescribing physician which adequately present the neurologic findings leading to medical necessity for this electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of an EMG. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. For example, a diagnosis of radiculopathy should be supported by the signs and symptoms listed in the MTUS cited above. Based on the recent clinical information, there are no neurologic abnormalities (other than those which might be due to carpal tunnel syndrome) and no specific neurologic symptoms. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and clinical examination outlined in the MTUS.

EMG Bilateral lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; 309; 291-5.

Decision rationale: There are no reports from the prescribing physician which adequately present the neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of an EMG. Medical

necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. Based on the available clinical information, there are no specific neurologic abnormalities and no specific neurologic symptoms. The paresthesias are regional and not nerve-root specific. An imaging study is pending, and performance of electrodiagnostic testing in addition is redundant. Based on the current clinical information, there is not sufficient medical necessity for electrodiagnostic testing (EMG) Bilateral Lower Extremities.

NCS Bilateral lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; 309; 291; 343; 347.

Decision rationale: There are no reports from the prescribing physician which adequately present the neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of an EMG. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. Based on the available clinical information, there are no specific neurologic abnormalities and no specific neurologic symptoms. The paresthesias are regional and not nerve-root specific. An imaging study is pending, and performance of electrodiagnostic testing in addition is redundant. Based on the current clinical information, there is not sufficient medical necessity for electrodiagnostic testing.