

Case Number:	CM14-0045687		
Date Assigned:	08/04/2014	Date of Injury:	03/01/2008
Decision Date:	09/30/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 59-year-old male who has submitted a claim for cervical ligamentous and muscular strain without discopathy, right shoulder synovitis, right elbow epicondylitis, lumbosacral ligamentous and muscular strain with radiculopathy, blurring of vision, diabetes, hypertension, stress and anxiety associated with an industrial injury date of 3/1/2008. Medical records from 2009 to 2014 were reviewed. Patient complained of low back pain radiating to the right lower extremity. Patient complained of constant moderate neck pain and shoulder pain, associated with tingling of hands. Physical examination of the HEENT, heart, chest, abdomen, extremities, and neurologic were within normal limits, as stated from progress report dated 3/12/2014. EMG/NCV of lower extremities, dated 4/17/2014, demonstrated increased onset at the left tibial and peroneal nerves. There was no evidence of electrical instability. EMG/NCV of upper extremities, dated 4/17/2014, demonstrated bilateral carpal tunnel syndrome without acute or chronic cervical radiculopathy. NCV study on 8/14/2010 demonstrated median nerve entrapment at the wrist bilaterally. MRI of the cervical spine, dated 4/9/2014, demonstrated multilevel paracentral disc protrusion, without cord compression. Treatment to date has included cervical spine surgery, right shoulder arthroscopy, right wrist carpal tunnel release, and medications such as Norvasc, Hydrocodone, Acetaminophen, Atorvastatin, Trazodone, Insulin, and Zolpidem. Utilization review from 3/26/2014 denied the request for Kidney Ultrasound because of lack of documented indication; denied Sed Rate Laboratory Test and Thyroid Panel Laboratory Test because of lack of current indication; and denied NCV bilateral upper extremities and NCV bilateral lower extremities because there were no documented neurologic examination findings consistent with nerve compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kidney Ultrasound: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Ultrasound Examination in the Practice of Urology, American Institute of Ultrasound in Medicine, 2011.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the American Institute of Ultrasound in Medicine was used instead. Indications for a kidney ultrasound include flank/back pain, signs/symptoms referred from the kidney, abnormal laboratory findings suggestive of kidney pathology, follow up of known or suspected abnormality in the kidney, evaluation of suspected congenital abnormalities, abdominal trauma, pretransplantation and post transplantation evaluation, and planning/guidance for an invasive procedure. In this case, there is no documented rationale for kidney ultrasound. There is no mention of comorbidities related to the kidney. The medical necessity cannot be established due to insufficient information. Therefore, the request for kidney ultrasound is not medically necessary.

Sed Rate Laboratory Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clinical Utility of ESR, American Academy of Family Physicians (<http://www.aafp.org/afp/1999/1001/p1443.html>).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the American Academy of Family Physicians was used instead. Recent studies have evaluated the ESR as a screening test for infection in specific clinical instances such as infection associated with orthopedic prostheses, and gynecologic inflammatory disease. The appropriateness of the ESR as a screening test for infection, even in these well-defined clinical settings, requires further evaluation. In this case, there is no documented rationale for ESR. There is no mention of signs and symptoms that may indicate presence of infection. The medical necessity cannot be established due to insufficient information. Therefore, the request for sed rate laboratory test is not medically necessary.

Thyroid Panel Laboratory Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Association for Clinical Chemistry (AACC)
<http://labtestsonline.org/understanding/analytes/t3/tab/test>.

Decision rationale: CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, guidelines by the American Association for Clinical Chemistry (AACC) was used instead. The guidelines state that thyroid panel includes total T3, T4, T3 uptake, T3 free, free thyroxine, and TSH. In this case, there is no documented rationale for thyroid panel. There is no mention of signs and symptoms that may indicate presence of thyroid disease. The medical necessity cannot be established due to insufficient information. Therefore, the request for thyroid panel is not medically necessary.

NCV bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of constant moderate neck pain and shoulder pain, associated with tingling of hands. Neurologic exam was within normal limits, as stated from progress report dated 3/12/2014. However, NCV study was already accomplished on 8/14/2010, demonstrating median nerve entrapment at the wrist bilaterally. However, there is no documented rationale for a repeat electrodiagnostic study. There are no significant changes in subjective complaints and objective findings to warrant such. Therefore, the request for NCV of the bilateral upper extremities is not medically necessary.

NCV bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of low back pain radiating to the right lower extremity. Neurologic exam was within normal limits, as stated from progress report dated 3/12/2014. Clinical manifestations may indicate presence of peripheral neuropathy at the right lower extremity; hence, NCV testing may be necessary. However, there are no subjective complaints and objective findings pertaining to the contralateral extremity to warrant testing. The medical necessity cannot be established due to insufficient information. Therefore, the request for NCV of the lower extremities is not medically necessary.