

Case Number:	CM14-0046144		
Date Assigned:	07/02/2014	Date of Injury:	05/05/2011
Decision Date:	09/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 45-year-old male who reported an injury on 05/05/2011 due to a slip and fall off a roof. The injured worker sustained multiple fractures that required surgical intervention. The injured worker also underwent physical therapy and psychiatric support, acupuncture, and medication management. The injured worker was evaluated on 03/03/2014. It was noted that the injured worker had lumbar spine pain rated at 4/7. Objective findings included tenderness to palpation of the lumbar spine with restricted range of motion secondary to pain. It was noted that the injured worker had previously undergone an MRI in 10/ 2012, as well as an electrodiagnostic study. It was noted that the injured worker was in need of repeat studies; however, a justification for this request was not provided. A request was also made for a CT scan of the right wrist. However, no justification for that request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary last updated 02/13/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine recommend imaging of the lumbar spine when there are documented findings of radiculopathy upon physical examination. However, the clinical documentation indicates that the injured worker underwent an MRI in 10/2012. Official Disability Guidelines do not recommend repeat imaging unless there is evidence of progressive neurological deficit or a change in the injured worker's clinical presentation to support a change in pathology. The clinical documentation submitted for review fails to provide any evidence that there has been a significant change in the injured worker's clinical presentation to support progressive neurological deficits or a change in pathology since the previous MRI. Therefore, an additional MRI of the lumbar spine would not be supported. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.

CT scan right wrist with 1mm cuts and 3D reconstruction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers' Compensation,(ODG-TWC) Forearm, Wrist and Hand Procedure Summary last updated 02/18/2014: Indications for Imaging-Computed Tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, Computed Tomography.

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically address imaging studies for the forearm, wrist, or hand. Official Disability Guidelines recommend computed tomography for acute hand or wrist trauma, or for chronic wrist pain if plain films were non-diagnostic. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone any recent x-ray imaging that was within normal limits. The injured worker's most recent clinical evaluation did not provide any physical findings of the right wrist that would support the need for an imaging study. There is no documentation of surgical planning or justification of how an imaging study of the right wrist would contribute to treatment planning. As such, the requested CT scan of the right wrist with 1 mm cuts and 3D reconstruction is not medically necessary or appropriate.

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 - Treatment in Workers' Compensation (ODG-TWC) Low Back Procedure Summary last updated 10/09/2013: Minimum Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies for injured workers who have non-focal evidence of radiculopathy. The clinical documentation submitted for review does indicate that the injured worker has clinically evident radiculopathy. Additionally, it is noted within the documentation that the injured worker has previously undergone electrodiagnostic studies. The clinical documentation does not provide any evidence of a significant change in the injured worker's clinical presentation to support the need for additional electrodiagnostic studies. As such, the requested EMG for the bilateral lower extremities is not medically necessary or appropriate.

EMG lumbar spine: 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 - Treatment in Workers' Compensation (ODG-TWC) Low Back Procedure Summary last updated 10/09/2013: Minimum Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies for injured workers who have non-focal evidence of radiculopathy. The clinical documentation submitted for review does indicate that the injured worker has clinically evident radiculopathy. Additionally, it is noted within the documentation that the injured worker has previously undergone electrodiagnostic studies. The clinical documentation does not provide any evidence of a significant change in the injured worker's clinical presentation to support the need for additional electrodiagnostic studies. As such, the requested EMG for the lumbar spine is not medically necessary or appropriate.

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 - Treatment in Workers' Compensation (ODG-TWC) Low Back Procedure Summary last updated 10/09/2013: Minimum Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies for injured workers who have non-focal evidence of radiculopathy. The clinical documentation submitted for review does indicate that the injured worker has clinically evident radiculopathy. Additionally, it is noted within the documentation that the injured worker has previously undergone electrodiagnostic studies. The clinical

documentation does not provide any evidence of a significant change in the injured worker's clinical presentation to support the need for additional electrodiagnostic studies. As such, the requested NCS of bilateral lower extremities is not medically necessary or appropriate.

NCS lumbar spine: 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 - Treatment in Workers' Compensation (ODG-TWC) Low Back Procedure Summary last updated 10/09/2013: Minimum Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies for injured workers who have non-focal evidence of radiculopathy. The clinical documentation submitted for review does indicate that the injured worker has clinically evident radiculopathy. Additionally, it is noted within the documentation that the injured worker has previously undergone electrodiagnostic studies. The clinical documentation does not provide any evidence of a significant change in the injured worker's clinical presentation to support the need for additional electrodiagnostic studies. As such, the requested NCS of the lumbar spine is not medically necessary or appropriate.