

Case Number:	CM14-0049702		
Date Assigned:	08/08/2014	Date of Injury:	09/19/2013
Decision Date:	10/16/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/17/2014

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 Nevada. 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 records, presented for review, indicate that this 49-year-old gentleman was reportedly injured on September 19, 2013. The most recent progress note, dated March 10, 2014, indicated that there were ongoing complaints of low back pain, left shoulder pain, left wrist/hand pain, elbow pain, neck pain, bilateral knee pain, memory loss, stress, anxiety, panic attacks, hemorrhoids, and high blood pressure. The physical examination demonstrated tenderness along the cervical and lumbar spine paraspinal muscles with guarding. There was decreased cervical and lumbar spine range of motion. Examination of the left shoulder indicated tenderness over the supraspinatus tendon and a positive impingement test. There was tenderness over the left when on bilaterally and a positive left-sided Tinel's test at the elbow. There were slight atrophy of the left hand first dorsal interosseous muscle and tenderness over the bilateral extensor tendons. Examination of the knees indicated mild crepitus bilaterally. There was decreased sensation over the bilateral upper extremities at the C7 and ulnar nerve distributions. There was also decreased sensation at the right L5 dermatome and the left L4 dermatome. Diagnostic imaging studies of the lumbar spine revealed mild disc desiccation at L2-L3 with a concentric disc bulge and mild levoscoliosis. An MRI of the cervical spine, dated March 31, 2014, indicated degenerative changes from C3 through C7 with disc bulges and spinal stenosis. Previous treatment includes physical therapy and oral medications. A request had been made for an open MRI of the cervical spine, EMG and NCV studies of the left upper extremity and the bilateral lower extremities, a diagnostic ultrasound of the left shoulder, and OrthoSTIM unit, and physical therapy twice week for four weeks and was not certified in the pre-authorization process on March 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI of the Cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

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) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically cited).

Decision rationale: According to the attached medical record, the injured employee has had a recent MRI of the cervical spine dated March 31, 2014. It is unclear why there is a request for an additional open MRI of the cervical spine. At this time, and with the claimant's physical examination reported, there is no medical necessity for an MRI of the cervical spine.

Electromyogram (EMG)/ Nerve Conduction Velocity (NCV) of the left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Electronically Cited.

Decision rationale: The California MTUS/ACOEM Guidelines support NCS in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery, but EMG is not generally necessary. After review of the available medical records, it does not appear that the injured employee has failed conservative treatment and steroid injections. As such, this request for EMG and NCV studies of the left upper extremity is not medically necessary.

Electromyogram (EMG)/ Nerve Conduction Velocity (NCV) of the bilateral lower extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) - Nerve Conduction Studies - Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines, EMG and NCV studies of the lower extremities are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. A systematic review and meta-analysis demonstrate that neurological testing procedures have

limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Considering this, the request for EMG and NCV studies of the lower extremities are not medically necessary.

Diagnostic ultrasound of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): shoulder, Diagnostic ultrasound, updated August 27, 2014.

Decision rationale: Prior to obtaining advanced studies such as an ultrasound or MRI of the shoulder, plain radiographs should be obtained initially. There is no evidence of any prior plain radiographs of the left shoulder in the attached medical record. As such, this request for a diagnostic ultrasound of the left shoulder is not medically necessary.

OrthoStim IV Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 118-120 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the indications for an inferential current stimulation unit includes documentation that pain has been ineffectively controlled due to diminished effectiveness of medications or the medication side effects. The attached medical record did not state that the injured employee's pain has not been controlled with medications. As such, this request for an OrthoStimIV unit is not medically necessary.

Physical Therapy 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: According to the attached medical record, it is unclear how much or what efficacy has been of prior physical therapy. Additionally, it is not stated which body part this physical therapy is recommended for. As such, this request for Physical Therapy twice week for four weeks is not medically necessary.

