

Case Number:	CM14-0058501		
Date Assigned:	07/09/2014	Date of Injury:	03/08/2012
Decision Date:	09/10/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/28/2014

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:

The applicant is a represented [REDACTED] employee who have filed a claim for chronic low back, neck, and shoulder pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of March 8, 2012. Thus far, the applicant has been treated with analgesic medications; unspecified amounts of physical therapy over the course of the claim; and work restrictions. In a Utilization Review Report dated April 8, 2014, the claims administrator denied a request for electrodiagnostic of the upper extremities, denied a cervical MRI, partially certified a psychological consultation and treatment as a psychological consultation alone, and approved a neurology consultation. Non-MTUS Chapter 7 ACOEM Guidelines were cited. The claims administrator stated that an agree medical evaluator had essentially rule out the presence of a cervical radiculopathy and that therefore, the electrodiagnostic testing in question was not indicated. The applicant's attorney subsequently appealed. In a psychiatric medical legal evaluation of March 28, 2014, it was suggested that the applicant was capable of returning to work, from a mental health perspective. In a handwritten note dated February 3, 2014, the applicant presented with persistent complaints of neck pain, shoulder pain, low back pain with associated tenderness about the cervical paraspinal musculature and lumbar paraspinal musculature. A neurology consultation, electrodiagnostic testing of the upper extremities, trial of Naproxen, and work restrictions were endorsed. It was suggested that the applicant was working, however. In a typewritten note dated February 3, 2014, the applicant was described as having persistent complaints of headaches, neck pain, shoulder pain, low back pain associated with muscle tension and tightness. The applicant had fairly good range of motion about the cervical and lumbar spines, admittedly painful, with muscular tenderness appreciated. Electrodiagnostic testing of the upper extremities, trial of

naproxen, and work restrictions were endorsed. The applicant was working; it was explicitly stated on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend EMG testing to clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation, either preoperatively or before an epidural injection, in this case, however, there is no evidence that the applicant is actively considering or contemplating any kind of interventional procedure involving the cervical spine. The bulk of the applicant's pathology appears to relate to muscle tightness about the paraspinal musculature. There is no evidence that the applicant has any radicular symptoms and/or that the applicant is considering any kind of invasive procedure involving the cervical spine. Therefore, the request is not medically necessary.

MRI of the cervical spine without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS Adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182 do recommend MRI or CT imaging of the cervical spine, based on clear history and physical exam findings, in preparation for an invasive procedure in applicants in whom nerve root compromise is suspected, in this case, however, there is no clearly voiced suspicion of nerve root compromise involving the cervical spine. The attending provider's progress note of February 3, 2013 suggests that the bulk of the applicant's pain was muscular/myofascial in nature. There was no evidence of any active radicular symptoms involving the cervical spine and no evidence that the applicant had any focal motor deficits which would suggest cervical nerve root compromise. There is no evidence that the applicant is considering an invasive procedure or cervical spine surgery. Therefore, the request is not medically necessary.

Psychologist consult and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 398-401.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 388 does support referral to a mental health professional in applicants whose mental health issues persist beyond three months, as is the case here, the request for treatment with said psychologist, however, is vague, ambiguous, and open ended. Pages 398 through 401, for instance, suggest that a wide variety of psychological treatments can be employed to cope with stress, including aerobic exercise, stress management techniques, relaxation techniques, behavioral techniques, cognitive techniques and therapy, stress and occupational therapy, etc. In this case, however, the attending provider has not clearly outlined which specific psychological treatments are being sought here. The request cannot be supported, then, owing to the ambiguous nature of the request. Therefore, the request is not medically necessary.

Nerve Conduction Velocity (NCV) bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As noted in the MTUS Adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, routine usage of NCV or EMG testing in the diagnostic evaluation of applicants without symptoms is "not recommended." In this case, the applicant does not, in fact, have any clearly voiced signs or symptoms of neurologic compromise about the cervical spine or upper extremities. The applicant's pain, as noted on a February 2014 progress note, referenced above, does not appear to be either radicular or neuropathic in nature. Rather, the attending provider's descriptions of events suggest the presence of myofascial pain for which routine nerve conduction testing is not indicated, per ACOEM. Therefore, the request is not medically necessary.