

Case Number:	CM14-0083878		
Date Assigned:	07/21/2014	Date of Injury:	09/24/2013
Decision Date:	09/22/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	06/05/2014

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, has a subspecialty in Pain 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 patient is a 41-year-old female with 9/24/13 date of injury, when a 5-pound weight fell on her head. 3/26/14 Progress note described x-rays of the neck and shoulders. MRI has not been performed. 5/1/14 Progress note described complaints of neck and low back pain, along with right-sided shoulder pain. There were spasms, guarding, and tenderness in the cervical and lumbar spine, with reduced range of motion. Neurological examination revealed decreased sensation over the right C6 dermatome and right L5 dermatome. Impingement was positive over the right shoulder with reduced range of motion. MRI for the cervical and lumbar spine, along with EMG/NCV studies was requested. Modified duties was recommended. 5/18/14 Letter of appeal documented that the denial of MRI, neurodiagnostic studies, and additional 12 sessions of PT were appealed. The patient has low back pain with radiculopathy in the lower extremities, with numbness, tingling, and weakness. Radiculopathy is a red flag in accordance to the ACEOM guidelines and MRI of the lumbar spine is warranted. Neurodiagnostic studies of bilateral lower extremities was also indicated for radiculopathy. 12 sessions of PT were requested to address the injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral Lower/Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179; 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter.

Decision rationale: Medical necessity for EMG studies is not established. The patient has radicular findings on examination, however besides cervical x-rays, there has not been additional workup of the cervical or lumbar spine. CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. An associated request for lumbar MRI was found medically necessary, however there is no discussion regarding why MRI of the cervical spine has not been requested, to assess for anatomic nerve impingement that is causing sensory loss in the C6 dermatome. Furthermore, ODG states that EMGs are not necessary if radiculopathy is already clinically obvious. The request is not substantiated.

NCV bilateral Lower/Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179; 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter.

Decision rationale: Medical necessity for the requested NCV studies is not established. Although there are some radicular findings on physical examination, there is no indication that the patient has peripheral nerve entrapment. NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The request is not substantiated.

MRI Lumbar Spine Without Contrast: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: Medical necessity for the requested lumbar MRI is established. The patient has sensory loss in the L5 dermatome that has been demonstrated consistently on several office visits. CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The patient has undergone PT in the past, yet remains symptomatic with positive clinical findings. In order to obtain further clarification of the cause of the patient's radicular findings, the request for lumbar MRI is substantiated.

Physiotherapy 3x4 to cervical ,lumbar ,shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation,Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: This request previously obtained an adverse determination as the patient has had extensive PT and chiropractic treatment, however there was no subjective/objective evidence of functional improvement. Within the context of this appeal, this issue was not addressed and it remains unclear how much treatment has been rendered and the functional improvement that was obtained. CA MTUS does not support continued PT without evidence of objective functional improvement.